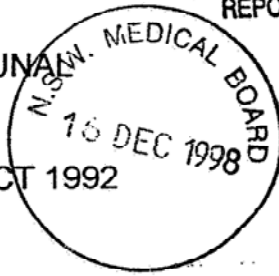


IN THE MEDICAL TRIBUNAL  
CONSTITUTED UNDER  
SECTION 146 OF THE  
MEDICAL PRACTICE ACT 1992  
AS AMENDED



REPORTING SERVICES  
BRANCH

17 NOV 1998

No: 40010 of 1997

12 NOVEMBER 1998

Deputy Chairperson:

Judge W.H. Knight

Members:

Dr. T. Robertson Dr. C. Berglund

**DR. AKSEL IVANOV**



## REASONS FOR DETERMINATION

Pursuant to section 51(1) of the Medical Practice Act 1992 as amended the Health Care Complaints Commission complains that Dr. Aksel Ivanov being a medical practitioner registered under that Act *has been guilty of professional misconduct and unsatisfactory professional conduct within the meaning of sections 36 and 37 of such Act.*

The particulars supplied in the amended complaint are that:

*"During the period 1 July 1992 to 14 June 1995 the practitioner has engaged in conduct which demonstrates a lack of adequate knowledge, judgment and care in the practice of medicine and has engaged in conduct relating to the practice of medicine that is improper and unethical, in that.*

*1. The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets, alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A", "B", "C" "D", "E" "F", "G", "H", "I", "J", "K" without exercising responsible medical judgment.*

*2. The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets, alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B", "C" "D", "E", "F"; "G", "H"; "I", "J", "K" ; in quantities and/or for periods in excess of recognised therapeutic standards of what is medically appropriate.*

*3. The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B"*

*"C", "D" "E", "F" "G", "H", "I", "J" and "K", for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate.*

*4. The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B", "C" "D" "E", "F", "G" "H", "I" "J" and "K", when he knew or ought to have known that the substances so prescribed were being or were likely to be abused.*

*5. The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets, alone or in combination with another benzodiazepine and/or codeine on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B" "C" "D", "E" "F" "I", and "K" to persons he knew or ought to have known were addicts who were receiving treatment on a methadone programme without proper consultation with the medical practitioner responsible for that person's therapy.*

*6. The practitioner issued prescriptions for clonazepam, commonly known as Rivotril tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "F" "G" and "K" without exercising responsible medical judgment as to whether it was appropriate to issue such prescriptions.*

*7. The practitioner issued prescriptions for clonazepam, commonly known as Rivotril tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "F" "G", and "K" for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate.*

*8. The practitioner prescribed the drug codeine in the preparations Codral Forte and Panadeine Forte on the dates, to the person and in the quantities shown in the Schedule annexed hereto and marked with the letter "I" without exercising responsible medical judgment.*

*9. In a letter to Inspector John Thommeny, dated 6 April 1995, the practitioner provided information to the NSW State Coroner that was false or misleading in that he failed to inform the Coroner that he had issued a prescription to [the patient referred to in Schedule G] on 7 September 1994 for 200 Rivotril 2mg tablets.*

*10. The practitioner failed to maintain a drug register in accordance with the regulations made under the Poisons Act 1966 in relation to his receipt and supply of the drug Pentazocine.*

*11. The practitioner failed to maintain adequate medical records in relation to the patients referred to in the Schedules annexed hereto and marked with the letters "A" "B" "C" "D" "E", "F" "G" "H" "I" "J" and "K"*

Some of the schedules referred to in the amended complaint were further amended during the hearing before the Tribunal and the schedules which are annexed to these reasons include such further amendments. However the names of the relevant patients have been deleted in the schedules in order to preserve those patients' anonymity.

The hearing of the amended complaint commenced on 19 November 1997 before the Medical Tribunal constituted by His Honour Judge W.H. Knight as Deputy Chairperson and Doctors T. Robertson, C. Hampshire and C. Berglund. The hearing continued on 20 and 21 November 1997 and was then adjourned part heard to 16 March 1998.

On that date Dr. Hampshire disclosed that she had changed her employment since 21 November 1997 and was now employed by United Medical Protection, a body which at one time had been assisting Dr. Ivanov in relation to this complaint. Following such disclosure and after a short adjournment, senior counsel for Dr. Ivanov on behalf of his client objected to Dr. Hampshire continuing to sit on the Tribunal hearing the present complaint. The complainant on the other hand sought to have Dr. Hampshire continue to sit on the Tribunal in relation to such complaint.

After consulting with the Deputy Chairperson Dr. Hampshire disqualified herself and vacated her office as a member of the Tribunal hearing this complaint. Thereafter the hearing continued before the Tribunal comprised of Judge Knight and Doctors Robertson and Berglund pursuant to section 149(1) of the Medical Practice Act 1992 as amended.

#### Onus and Standard of Proof

The Tribunal in determining whether the complaint has been established has approached the matter on the basis that the complainant bears the onus of proving the complaint to the Tribunal's comfortable satisfaction on the balance of probabilities.( see **Briginshaw v Briginshaw** (1938) 60 CLR 336 at 316, **Rejtek v McElroy** (1965) 112 CLR 517 at 521, **Bannister v Walton** (1993) 30 NSWLR 699 at 711 and **Health Care Complaints Commission v Litchfield** (1997) 41 NSWLR 630 at 635).

#### General Background

Dr. Aksel Ivanov who was born on 18 May 1924, and is thus now aged 74 years, first came to Australia at age three. He undertook all his schooling in Australia and English is his first and primary language. He graduated as a Bachelor of Medicine and Bachelor of Surgery from the University of Sydney in 1951 and subsequently obtained a Diploma of Tropical Medicine and Hygiene. He was first registered as medical practitioner in New South Wales on 2 May 1951.

Immediately after graduating he worked in pathology for the Commonwealth Department of Health for ten years. Thereafter he worked as a pathology registrar at Prince Henry Hospital for a further two years. He then decided not to pursue pathology as a specialty. During the last year of his service as a pathology registrar Dr. Ivanov also worked as a general medical practitioner in a relieving night service and he continued to do this after he ceased working as a registrar. He gradually built up his own general medical practice while working for the night service and in about 1980 ceased working in the night service and devoted himself to his own practice.

Dr. Ivanov conducted his general medical practice from his home at 17 Blandford Waverley, but although he did have a room at his home which was a designated surgery his practice consisted largely of home visits. In addition he did locums for other medical practitioners from time to time.

In 1995 Dr. Ivanov ceased using his home as his surgery in anticipation of his aged father coming to live with him. His father who was then aged 97 years took up residence with Dr Ivanov on 24 January 1996 and moved back to his own home on 20 May 1996. During the time he stayed with Dr. Ivanov the father was incontinent and was incapable of dressing and undressing. He required 24 hours a day care which Dr. Ivanov provided assisted by a female boarder who he had living with him. In addition after approximately two months of caring for his father Dr. Ivanov also received assistance in such task from other carers.

Despite the requirements of his father Dr. Ivanov carried on his medical practice throughout the four months that his father remained with him, but such practice was reduced by about fifty per cent and consisted solely of visits to his patients at their homes.

From 1988 Dr. Ivanov attended patients at Edward Eager Lodge. He visited the lodge each Wednesday and conducted a clinic there at which he saw patients for one to two hours. The Edward Eager Lodge is a hostel at Bourke Street Darlinghurst for homeless people. Dr. Ivanov estimated that sixty to seventy per cent of the patients he saw there consumed drugs. In addition to seeing patients at the clinic he also attended on calls from the lodge which calls could be at any time of the day or night. Dr. Ivanov's services in relation to the lodge were paid for by bulk billing under the Medicare system. All the patients the subject of the present complaint consulted Dr. Ivanov at Edward Eager Lodge except for patient F.

#### Response to Complaint

By letter dated 5 February 1996 Mr. D. Harris, the solicitor for the Health Care Complaints Commission, wrote to Dr. Ivanov and informed him that the Commission had decided to investigate a complaint received from the Pharmaceutical Services Branch of the NSW Health Department (see Exhibit B (15) ).

Such letter continued:

*"I advise that the complaint which had been made against you includes the following allegation:*

*(1) That during the period 3 December 1992 to 27 April 1995 you prescribed the restricted substance Flunitrazepam commonly known as Rohypnol to [Patients A, B, C, D, E, F, G, H, I, and J]:*

- (a) without exercising responsible medical judgement as to whether it was appropriate to issue such prescriptions;*
- (b) in quantities in excess of recognised therapeutic standards of what is medically appropriate in the circumstances;*
- (c) for a purpose which was not in accordance with recognised therapeutic standards of what is appropriate in the circumstances;*
- (d) when you knew or ought to have known that the Flunitrazepam so prescribed was being or . was likely to be abused.*

*(2) That on or about 6 January 1994, 7 September 1994 and 21 January 1995 you did prescribe the restricted substance Clonazepam, commonly known as Rivotril, to [patients K, G and F ] respectively:*

- (a) without exercising responsible medical judgement as to whether it was appropriate to issue such prescriptions;*
- (b) for a purpose which was not in accordance with recognised therapeutic standards of what was medically appropriate in the circumstances;*
- (c) when you knew or ought to have known that the Clonazepam so prescribed was being or was likely to be abused.*

*(3) That in a letter to Inspector John Thommeny dated 6 April 1995 you provided information to NSW State Coroner that was false or misleading in that you failed to inform the Coroner that you had issued a prescription to [Patient G] on 7 September 1994 for 200 Rivotril 2mg tablets.*

*(4) That you failed to maintain adequate medical records in relation to the treatment of patients in your care.*

*(5) That you failed to maintain a register of drugs of addiction in accordance with regulation 58 of the Poisons Act 1966 in relation to your receipt and supply of Pentazocine."*

The letter went on to enclose copies of the following documents viz. schedules of the prescriptions issued by Dr Ivanov to the patients A, B, C, D, E, F, G, H, I, and J, a record of interview between Dr.Ivanov and Mr. K.G. Thomson of the Pharmaceutical Services Branch of the NSW Health Department on 8 June 1995,a letter from Dr. Ivanov to Inspector John

Thommeny, North Sydney Police Station dated 6 April 1995 and a copy of a prescription issued in the name of [patient G] for Rivotril 2 mg tablets x 200.

The letter then continued:

*"I request that you provide me with a response to the complaint in this matter. As part of your response, I would ask that you address in particular, the following matters:*

*In relation to Your prescription of Rohypnol*

- (1) Did you prescribe Rohypnol to [patients A, B, C, D, E, F, G, H, I and J] on the dates and in the quantities shown in the Schedules enclosed herewith?*
- (2) Please advise in relation to each patient upon what clinical basis did you prescribe Rohypnol to [patients A, B, C, D, E, F, G, H, I, and J] during the period 3 December to 27 April 1995.*
- (3) Were you aware that during the course of your treatment that [patients A, B, C, D, E, F and I] were receiving treatment on a state methadone programme? If so, did you consult with the medical practitioner responsible for each patient's therapy on the methadone programme in relation to your treatment of each of the patients?*

*In relation to your prescription of Rivotril:*

- (4) Upon what clinical basis did you prescribe Rivotril to [Patient K] on 6 January 1994?*
- (5) Upon what clinical basis did you prescribe Rivotril to [Patient F] on 21 January 1995?*
- (6) Upon what clinical basis did you prescribe Rivotril to [Patient G] on 7 September 1994?*

*In relation to your prescription of codeine:*

- (7) Did you prescribe the drug codeine in the preparations Codral Forte and Panadeine Forte to [Patient I] on the dates and in the quantities shown in Schedule I which is enclosed herewith?*
- (8) If so, upon what clinical basis did you prescribe Codral Forte and Panadeine Forte in combination with benzodiazepine to [Patient I] during the period March 1994 to April 1995?*

*In relation to your medical records:*

- (9) Please provide copies of the medical records maintained by you in relation to your treatment of [Patients A, B, C, D, E, F, G, H, I, J and K] during the period 3 December 1992 to 27 April 1995.
- (10) During the period 3 December 1992 to about 27 April 1995 did you fail to maintain any clinical notes of your consultations, diagnoses, and treatment of patients who consulted you in medical practice? If not, please advise precisely of the nature of the clinical records that you maintained in relation to your treatment of patients.
- (11) Did you fail to maintain a register of drugs of addiction in relation to your receipt and disposition of Pentazocine?
- (12) In your letter to inspector John Thommeny dated 6 April 1995, in response to requests for information to the NSW State Coroner, why did you fail to disclose that you had issued a prescription to [Patient G] on 7 September 1994 for 200 Rivotril 2mg tablets.

Please do not confine yourself to the above issues but include any other information in your response which you consider may be relevant to my investigation of this complaint. I would be grateful to receive your response as requested herein within 28 days of the date hereof.

If you have any further inquiries please do not hesitate to contact me at the Commission on 219 7426."

Dr Ivanov responded to Mr Harris's letter by letter dated 15 May 1996 (see Exhibit B (15) ) as follows:

"I refer to your letter of 5 February 1996 and respond to the complaints follows:

1. I agree with the particulars noted.
2. I agree with the particulars noted.

3. I agree that I failed to inform the NSW State Coroner that I had issued a prescription to [Patient G] on 7 September 1994 for 200 Rivotril tablets. It was never my intention to provide false information to the Coroner or to mislead him. My failure to provide him with the information referred to was inadvertent. In my hurry, providing a response to Inspector Thommeny's request for details of prescriptions given by me to [Patient G], in checking through my records I failed to note the one prescription of Rivotril I had given the patient. I informed the Inspector frankly about my prescription of Rohypnol tablets to the patient and would have certainly given the same information about the prescription of Rivotril if I had noted it in my records.

4. I admit this particular.

5. I admit this particular.

*Prescription of Rohypnol*

*1. I did not provide any of the patients with two prescriptions of Rohypnol on the same day. Where this appears in the schedule, I acknowledge one prescription but deny the second. Apart from this, the Schedules, to the best of my knowledge, correct.*

*2. I responded to the request of the patients in prescribing Rohypnol. I realise this is not a proper clinical basis for prescribing this drug.*

*3. I do not believe that I was aware that the patients referred to were receiving treatment on a State methadone programme.*

*Prescription of Rivotril:*

*4.5.6. I was informed by all three patients that they were suffering fits as a result of drug withdrawal and that Rivotril assisted with control of the fitting. I realise that this was not a proper clinical basis for prescribing Rivotril in the circumstances of these particular patients.*

*Prescription of Codeine:*

*7. This is correct.*

*8. The patient suffered bilateral dislocation of her hip and tremor. I prescribed either Codral Forte or Panadeine for the pain and benzodiazepines for the tremor.*

*9. I am attending to having my records photocopied and shall provide them to the Commission as soon as possible..*

*10. Yes, I did fail to maintain some clinical notes of consultations, diagnoses and treatment of patients. I refer to paragraph 9.*

*11. Yes*

*12. I have provided this information in paragraph 3.*

*I look forward to your further advice. Please contact me if you require further information."*

It is thus apparent that Dr. Ivanov admitted:

(a) the substance of the allegations contained in particulars 1, 2, 3 and 4 of the amended complaint presently before the Tribunal in relation to the patients A, B, C, D, E, F, G, H, I and J, but not patient K;

- (b) the substance of the allegation contained in particulars 6 and 7 of the amended complaint;
- (c) the substance of the allegations contained in particulars 10 and 11 of the amended complaint before the Tribunal; and
- (d) the substance of the allegations contained in particular 9 of the amended complaint before the Tribunal, although he alleged that his failure to inform the Coroner of his prescribing of 200 Rivotril tablets for patient G on 7 September 1994 was inadvertent.

Before the Tribunal Dr. Ivanov denied the accuracy of the admissions made by him in his letter dated 15 May 1996. Thus in paragraph 9 of his statement dated 17 November 1997 ( Exhibit 2 ), Dr Ivanov claimed that the admissions which he had made in his letter of 15 May 1996 were not correct. He further claimed that at the time he sent the letter he was caring for his aged father and that as a result he was deprived of sleep and his capacity to think clearly had been eroded during this period owing to his emotional and physical exhaustion in caring for his father. In addition proceedings had been commenced in the Protective Division of the Supreme Court by his half brothers in which he was joined as a defendant and he claimed that the further stress this caused also affected his ability to think clearly (see paragraph 9 of Exhibit 2 and also Transcript Dr. Ivanov 12 May 1998 pages 7-9).

When Dr. Ivanov was cross examined he alleged that he signed the letter of 15 May 1996 after having had legal advice that if he admitted the matters raised by the complainant the penalty imposed might be lighter in the form of a suspension whereas if he defended them it might lead to more serious consequences for him (see Transcript 13 May 1998 page 26).

He attributed his signing of the letter containing the incorrect admissions equally to the situation with his father and the legal advice he was given ( see transcript 13 May 1998 page 27).

The Tribunal accepts that Dr. Ivanov was under considerable stress when he signed the letter of 15 May 1996 by reason of his caring for his father and the court proceedings brought by his half brothers. It also accepts that he was given legal advice that he might well be dealt with more leniently by the Tribunal if he admitted the substance of the allegations.

However the Tribunal does not accept that such stress and legal advice caused Dr. Ivanov to admit allegations which he believed to be incorrect. In the Tribunal's view, Dr. Ivanov, when he gave evidence was evasive and attempted to reconstruct matters so as to benefit himself. In addition the Tribunal notes that the relevant admissions were made in writing three months after the letter advising Dr. Ivanov of the details of the allegations against him, that the admissions were made after he had taken legal advice

and were consistent with statements that he had made in two interviews to officers of the Pharmaceutical Services Branch of the Department of Health on 8 June and 8 August 1995 (see Exhibits B (2) and B (3)). Moreover both of those occasions were before Dr. Ivanov commenced to care for his father and before the Supreme Court proceedings were instituted against him. Thus no question of stress arising from either of those matters is relevant.

Furthermore the Tribunal notes, that although there was correspondence between the solicitor for the complainant and Dr. Ivanov between the 24 January 1997 and the 26 February 1997 (See Exhibits AH, AI and AJ) in which Dr Ivanov sought to dispute the accuracy of some of the details specified in the complainant's solicitors original letter of 5 February 1996, he did not seek to withdraw the substance of -his admissions and in particular did not seek to withdraw his admission that he prescribed rohypnol and rivotril to various patients without exercising responsible medical judgment. Indeed, he did not seek to withdraw the substance of his admissions until after he had obtained different legal advice in late 1997.

Moreover in his letter of 15 May 1996 Dr. Ivanov had been careful to qualify his admissions where he considered it appropriate to do so. Thus he had asserted that his failure to provide the coroner with the relevant information was inadvertent and that it had never been his intention to provide false information to the coroner or to mislead him. The Tribunal also notes that in his evidence Dr. Ivanov claimed throughout the time he was caring for his father he continued to practice medicine although his practice reduced by about fifty per cent (see transcript Dr. Ivanov 12 May 1998 page 8 lines 44 to 49).

Accordingly, notwithstanding Dr. Ivanov's subsequent attempt to withdraw the admissions made by him in his letter of the 15 May 1996 the Tribunal is comfortably satisfied on the balance of probabilities that the substance of the admissions made in that letter was true and correct.

The Tribunal is therefore comfortably satisfied by reason of Dr. Ivanov's own admissions that the substance of :

(1) Particulars 1, 2, 3, and 4 of the Amended Complaint in relation to Patients A, B, C, D, E, F, G, H, I and J ;

(2) Particulars 6 and 7 the Amended Complaint; and

(3) Particulars 10 and 11 of the Amended Complaint have been proved.

Having regard to those factual findings it is strictly necessary only for the Tribunal to determine whether the rest of the allegations in the particulars of the Amended Complaint are proved and whether on the allegations which it

finds proved either individually or cumulatively Dr. Ivanov has been guilty of professional misconduct and/or unsatisfactory professional conduct.

However the Tribunal considers that, because of the serious nature of the allegations, the extensive evidence adduced before it, the lengthy submissions which it has heard and the possibility that it may be in error in accepting the admissions made by Dr. Ivanov in his letter of 15 May 1996, it should consider whether each of the allegations in the particulars of the Amended Complaint has been proved leaving aside the admissions made by Dr. Ivanov in such letter.

Having determined whether such allegations have been proved the Tribunal will then consider whether individually or-cumulatively the allegations which it finds have been proved constitute professional misconduct and/or unsatisfactory professional conduct by Dr. Ivanov.

Before dealing with the particulars of each allegation the Tribunal considers it appropriate to set out certain matters of which it is comfortably satisfied in relation to the drugs flunitrazepam (commonly known as Rohypnol) and clonazepam (commonly known as Rivotril).

In reaching its views on these matters the Tribunal prefers the opinions of Drs. Seidler and Chung wherever they conflict with those of Dr. Tahmindjis as in the Tribunal's judgment the opinions of Drs. Seidler and Chung are amply justified on the documentary evidence before it.

#### General Nature and Use of Flunitrazepam.

Flunitrazepam, which is marketed in Australia as Rohypnol or Hypnodorm, is a potent sedative and hypnotic drug. It is a member of the benzodiazepine group of drugs. The only recognised therapeutic use of flunitrazepam in general medical practice is for the short term treatment of severe cases of insomnia and perhaps anxiety which is causing the patient unacceptable distress. It is also used as a pre anaesthetic medication for the induction and maintenance of general anaesthesia. The recognised therapeutic dose of flunitrazepam is 1 to 2 mg per night. However in elderly or debilitated patients the dosage is halved.

In the 1992 edition of MIMS the entry for Rohypnol includes inter alia the following :

*"Benzodiazepines should only be prescribed after careful consideration of the indication and should be taken for the shortest possible duration. The necessity of continuing treatment should be closely monitored. Prolonged duration of treatment is justified only after careful assessment of the benefit and the risk. "*

*"In patients in whom benzodiazepine therapy for periods longer than 4 weeks is deemed necessary, periodic blood counts and liver function tests are recommended."*

**"Depression, psychosis and schizophrenia.** Rohypnol is not recommended as primary therapy in patients with depression or psychosis. Benzodiazepines may increase depression in some patients and may cause deterioration in severely disturbed schizophrenics with confusion and withdrawal. Suicidal tendencies may be present or uncovered and protective measures may be required.

**"Paradoxical reactions.** Paradoxical reactions such as acute rage, stimulation or excitement may occur: should such reactions occur, Rohypnol should be discontinued."

**"Abuse.** Caution must be exercised in administering Rohypnol to individuals known to be addiction prone or those whose history suggests they may increase the dosage on their initiative. It is desirable to limit repeat prescriptions without adequate medical supervision."

**"Dependence.** The use of benzodiazepines may lead to dependence. Withdrawal symptoms similar in character to those noted with barbiturates and alcohol have occurred following abrupt discontinuation of benzodiazepine medications. These symptoms can range from insomnia, anxiety and dysphoria, myoclonus, akinesia, hyperreflexia and loss of short-term memory, to a major syndrome which may include convulsions, tremor, abdominal and muscle cramps, hyperthermia, confusional state, delirium, hallucinations, psychosis, vomiting and sweating. These symptoms, especially the more serious ones are more common in those patients who have received excessive doses over an extended period of time. However withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels. Accordingly, Rohypnol should be terminated gradually to help avoid occurrence of withdrawal symptoms in such patients."

**"Dosage and Administration.** Dosage should be selected carefully, due consideration being given to the patient's age and general condition as well as the type of sleep disturbance.

*The drug should be taken immediately before going to bed. In general, the following doses are recommended.*

*Adults 1 to 2 mg*

*Elderly patients. 0.5 to 1 mg.*

*In most cases the return to normal sleeping habits after a few days allows treatment to be withdrawn gradually."*

### General Nature and Use of Clonazepam.

Clonazepam which is marketed under the name Rivotril is an anti-convulsant that also belongs to the benzodiazepine group of drugs and has similar actions and adverse effects to flunitrazepam. The recognised therapeutic use of clonazepam is for appropriately diagnosed epilepsy. It is not, however, a first or even a second line anti-epileptic drug. The recognised therapeutic maintenance dosage of clonazepam is 4 to 8 mgs per day in four divided doses. Treatment is initiated with low doses of 1 mg per day and progressively increased to an optimum dose depending upon the response of the patient. The maximum therapeutic dose is 20 mgs daily. As a history of drug or alcohol abuse may indicate impaired liver function, clonazepam must be used with great caution in such patients as clonazepam is metabolised chiefly in the liver.

It is inappropriate to prescribe this drug to patients for use in controlling seizures due to drug withdrawal in an out patient setting. This is because drug withdrawal seizures are potentially extremely hazardous and a patient in such a position requires the constant supervision available in a detoxification centre. It is also extremely naive to expect drug addicted patients to adequately control their own use of this substance especially when their existing addiction is to another benzodiazepine or to a drug such as heroin or methadone the effect of which is potentiated by the use of clonazepam.

### Dangers Associated with the Use of Flunitrazepam and Clonazepam.

It has been well recognised since at least the 1980's that benzodiazepines carry a high risk of dependency so that a patient is likely to suffer a withdrawal syndrome on discontinuance of the drug. Indeed it has been estimated that up to forty five percent or more of long term normal dose users of benzodiazepines would have physiological dependence and that 30 percent would suffer significant withdrawal symptoms.

The withdrawal syndrome experienced by benzodiazepine users is similar to withdrawal symptoms from barbiturates and alcohol and includes insomnia, irritability, apprehension, dysphoria, hopelessness, tremor, palpitations, vertigo, sweating, muscle spasm, panic attack, distorted vision, abnormal body sensation, depersonalisation and derealisation, persecution ideas and delusionary belief and, in the most serious cases, convulsions, delirium and generalised seizures.

Benzodiazepines potentiate ( ie. increase or add to ) the central nervous system depressant action of sedatives, tricyclic anti-depressants, antipsychotics and narcotic analgesics. Benzodiazepines also potentiate the sedating effects of both heroin and methadone and are a common cause of overdose and death.

In addition to the problems resulting from dependency it is recognised that the use of benzodiazepines carries significant adverse health risks to the patient. These include:

1. Emergence of withdrawal symptoms without drug discontinuation or dose reduction;
2. Over sedation and psychomotor impairment which effects can be quite severe and include obvious impairments of memory, concentration, and co-ordination , ataxia, dysarthria, and diplopia:
3. Possible long term impairment of psychomotor and cognitive functions:
4. Depression and emotional anaesthesia and in depressive disorders, the provocation of suicide;
5. Irritability, hostility and aggressive behaviours; and
6. Disinhibition which sometimes can be associated with anti- social acts such as shoplifting and sexual offences.

It had also been well recognised for many years prior to 1992 that benzodiazepines and particularly Rohypnol and Rivotril should not generally be prescribed for persons with a history of drug or alcohol abuse or to known drug abusers.

The reasons for this contra indication include:

- a. benzodiazepines potentiate the sedating effects of other drugs such as heroin, methadone and alcohol. Thus existing users of such drugs are at serious risk of overdose and death if benzodiazepines are also used;
- b. existing drug dependent patients are at much greater risk of becoming dependent upon benzodiazepines which increases the risk of death from overdose;
- c. such persons are frequently poly drug abusers with multiple drug dependencies who inappropriately use benzodiazepines in large doses to enhance the effects of other drugs such as heroin which they are taking or to alleviate the withdrawal symptoms of their primary drug of abuse; and
- d. certain benzodiazepines particularly Rohypnol and Rivotril are highly sought after and on-sold amongst drug abusers because of the potentiating effect of these drugs on heroin, methadone and alcohol. Thus unless the use of these drugs is closely monitored the prescription of them contributes to the drug problem in the community.

Benzodiazepine use amongst heroin or other drug abusers is extremely harmful. Such use is linked to higher risk of HIV infection, greater anxiety and depression, poorer health and poorer social functioning in addition to the greater risk of heroin and methadone overdose. Furthermore benzodiazepine use in patients on a methadone programme is also harmful as it sabotages the goals of such programme viz. to stop drug seeking behaviour, to terminate the need or desire for intoxication and the creation of pharmacological and social stability. It also poses a very serious risk of overdose and death as benzodiazepines potentiate the sedating effect of methadone and may lead to prolonged unconsciousness and death.

Having regard to the foregoing matters the Tribunal turns to consider the individual particulars of the amended complaint.

### **Particular 1.**

*The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets, alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A", "B", "C" "D", "E", "F", "G", "H", "I", "J", "K", without exercising responsible medical judgment.*

The Tribunal is satisfied that Dr. Ivanov issued prescriptions for the medications specified in the schedules on the dates, to the persons and in the quantities shown in those schedules with respect to the patients A, B, C, D, E, F, G, H, I, J and K.

The question therefore becomes whether in so doing Dr. Ivanov issued the prescriptions without exercising responsible medical judgment. To determine such question the Tribunal needs to consider each patient separately.

#### Re Patient A.

Dr. Ivanov first saw patient A on 30 July 1992. He commenced to prescribe rohypnol for him on that date and continued to prescribe such drug for patient A on a regular basis up to and including 5 June 1995. In total he prescribed rohypnol for patient A on 141 occasions over 2 years and 44 weeks with each prescription being for 25 tablets. In effect he prescribed rohypnol for patient A at the rate of three 2mg tablets per day, which is three times the recommended daily dose referred to in MIMS, and did so continuously for almost 3 years.

In his witness statement (Exhibit 2) and his oral evidence (13 May 1998 page 76) Dr. Ivanov claimed that patient A had told him on his first consultation that he had been in Goulburn goal for over three years for assaults and had been given there rohypnol, valium and sinequan. Dr. Ivanov further alleged

that patient A had said that after his release from gaol he and his defacto wife had lost the custody of his two children, that they had been contemplating suicide for about three months and that on previous occasions he had taken up to 70 rohypnol tablets in a day.

Dr. Ivanov claimed that the main reason he prescribed the rohypnol tablets for patient A was for " the relief of his anxiety, insomnia because he had two incurable diseases at that time" ( 14 May 1998 page 43 lines 29 and 30).The two diseases to which Dr. Ivanov referred were AIDS and Hepatitis B and C.

Dr. Ivanov also said that part of the reason he prescribed rohypnol for patient A was the history he had been given about the patient having taken drugs in gaol and because patient A claimed to have been taking drugs from the age of 13 such as mandrax and seconal and was a current cannabis user (14 May 1998 page 18 lines 20 - 30). Dr. Ivanov noted that patient A was exhibiting signs of depression when he first saw him and that he had suicidal tendencies. He asserted that he relied on rohypnol to attempt to sedate patient A and dampen down his suicidal tendencies. ( 14 May 1998 page 24 lines 31 - 55).

Even accepting that Dr. Ivanov prescribed the rohypnol for patient A for the reasons he claimed, the Tribunal considers that the prescription of such drug for that patient in the circumstances and especially in the quantities and for the period which it was prescribed, demonstrates that it was prescribed without using responsible medical judgment.

In coming to that determination the Tribunal accepts the opinions of Drs. Seidler and Chung and notes the following matters:

- a. During the time he was prescribing rohypnol for patient A Dr. Ivanov made no attempt to ascertain whether he was in fact suffering from AIDS or Hepatitis B or C. Thus he did not ask him if he had AIDS until after June 1995.(see Dr. Ivanov's oral evidence 14 May 1998 pages 26 to 28 and contrast his interview with Mr Thomson on 8 June 1995 which is Exhibit B (2) page 10 with his statement Exhibit 2 paragraph 5 B (a) page 3). Furthermore he never secured any blood tests from patient A in order to make any proper diagnosis but simply assumed he had the conditions;
- b. The fact that in 1984 or 1985 patient A may have had rohypnol in gaol provided no medical reason for prescribing the drug to him in 1992. Indeed the fact that he gave a history of having taken up to 70 rohypnol tablets per day indicated that he had previously abused the drug and should not have been prescribed it. Moreover Dr. Ivanov knew patient A had a history of drug abuse since he was 13 years of age and was a current user of cannabis when he first saw the patient (see for example 13 May 1998 page 76 line 15 and 14 May 1998 page 18 lines 20 to 32) and those facts also should have caused him not to prescribe rohypnol for patient A;

- c. When Dr. Ivanov first saw him patient A was exhibiting signs of depression and suicidal tendencies yet Dr. Ivanov prescribed rohypnol for him. Such conditions being contra indications for such prescription. Furthermore even though the doctor understood the patient was under the care of a psychiatrist he made no inquiries as to whether the psychiatrist was prescribing medication for patient A's depression;
- d. Dr. Ivanov knew that patient A had gone to gaol because he had hit a person and caused him to die and had also hit a second person and caused him to have to go to hospital for a considerable time. The doctor also knew a side effect of rohypnol can be the production of violent behaviour yet he prescribed rohypnol for patient A. (14 May 1998 pages 22 and 23). When asked to explain his actions Dr. Ivanov claimed that over the three years he saw him patient A did not show any proclivity to violence (14 May 1998 page 23 lines 22 to 35). However when Dr. Ivanov was interviewed by Mr. Thomson on 8 June 1995 he said "In the case of [patient AJ he does very easily become violent." In the Tribunal's judgment rohypnol should not have been prescribed for a person with such a history and with such a nature; and
- e. Dr. Ivanov also claimed that although he did not originally prescribe rohypnol to patient A to keep him off street drugs he later continued to prescribe such drug for him partly to keep patient A off street drugs. (14 May 1998 page 21 line 50 to page 22 line 9 and Exhibit B(2) pages 10 and 11). Yet he recognised that such a practice was not a recognised method of treatment, (13 May 1998 page 56 line 53 to page 57 line 10), and that there was no literature which supports such a practice. In the Tribunal's judgment the prescription of rohypnol for such purpose was at all material times inappropriate and contrary to the published medical literature before it and especially in the quantities and for the period which Dr. Ivanov prescribed the drug for patient A.

The Tribunal is conscious of the fact that responsible medical practitioners may vary considerably in their assessments of the need for or the desirability of the prescription of a particular drug for a particular patient. However the combination of the abovementioned facts comfortably satisfies the Tribunal that no medical practitioner exercising responsible medical judgment would have prescribed rohypnol for patient A and a fortiori would not have continued to have prescribed it for patient A for the period and in the quantities prescribed by Dr. Ivanov\_

The Tribunal is therefore satisfied that Dr. Ivanov prescribed rohypnol without exercising responsible medical judgment.

Moreover the Tribunal is further satisfied that, irrespective of the reasons why Dr. Ivanov originally prescribed rohypnol for patient A, he continued to prescribe such drug for patient A because the patient requested it. In coming to that determination the Tribunal accepts that the answers given by Dr. Ivanov when he was questioned on 8 June 1995 by Mr. Thomson of the Pharmaceutical Services Branch of the N.S.W. Department of

Health were accurate. In that interview Dr. Ivanov was asked in relation to patient A:

*"So in essence you continued to prescribe for this fellow because he also stated he was on them and in essence requested that you keep going "*

Dr. Ivanov replied "Yes, - - - ."

Shortly afterwards in the same interview Dr. Ivanov said:

*"[ patient A] said while he was having the Rohypnol he had not the need to have any other drugs off the street. - - - ."*

(See Exhibit B (2) page 11).

The Tribunal is aware that in coming to that determination it is rejecting some of Dr. Ivanov's evidence but the Tribunal found Dr. Ivanov to be a most unsatisfactory witness as he was evasive and self contradictory on many occasions.

The continued prescribing of a drug of the nature of rohypnol to any patient, and especially to a patient with the contra indications of patient A, on the basis of request by the patient, satisfies the Tribunal that Dr. Ivanov prescribed the drug without exercising responsible medical judgment.

Accordingly for the two foregoing alternative reasons the Tribunal considers that the particulars in paragraph I of the amended complaint have been proved in relation to patient A.

#### Re Patient B.

Dr. Ivanov first saw patient B on 24 November 1993. He commenced to prescribe rohypnol for him on that date and continued to prescribe rohypnol for him on a regular basis up to and including 24 May 1995. In total he prescribed rohypnol for patient B on 34 occasions over 1 year and 26 weeks with each prescription being for 25 tablets of 2mg.

Furthermore during the period he was prescribing rohypnol for patient B, Dr. Ivanov also prescribed three other benzodiazepines (viz. valium, serapax and murelax) for the same patient. Thus he prescribed valium on 14 occasions ( viz. twice 25 tablets of 5mgs each and on 12 occasions 50 tablets of 5 mgs each), serapax on 4 occasions (viz. 4 occasions each of 25 tablets of 30mgs ) and murelax on 7 occasions (viz. 4 occasions each of 25 tablets of 30 mgs and 3 occasions of 25 tablets of unspecified dose). Moreover on 12 occasions Dr. Ivanov prescribed more than one type of benzodiazepine to patient B on the same day. Hence in total there were 59 prescriptions for benzodiazepines for patient B over 78 weeks.

In his witness statement (Exhibit 2) Dr. Ivanov asserted that patient B presented to him as a Vietnam war veteran who had been in Boggo Road gaol from 1983 to 1990 and was HIV positive. The patient complained of a sleeping problem and claimed that he required rohypnol. He also stated that he was on the methadone program at Langton Clinic. Dr. Ivanov attempted to verify the patient's alleged war service with the Commonwealth authorities but was unable to do so although the patient did produce his discharge papers.

In his oral evidence Dr. Ivanov stated that patient B had told him that prior to seeing Dr. Ivanov he had consulted multiple psychologists and psychiatrists but when they got too close to the truth he would leave them (14 May 1998 page 66 line 25 to page 67 line 33). He also stated that he had been receiving prescriptions of rohypnol over the three year period since he had left Boggo Road gaol but had not had any benzodiazepines for more than a week.

Dr. Ivanov made a diagnosis of post traumatic stress disorder which was causing patient B sleeping problems and prescribed rohypnol to assist him in relation to such sleeping problems, (14 May 1998 page 66 lines 11 to 18 ) and to treat him for post traumatic war service anxieties (14 May 1998 page 73 lines 25 to 37).

Accepting that Dr. Ivanov prescribed the rohypnol for patient B for the reasons he claimed, the Tribunal considers, that the prescription of such drug for that patient in the circumstances and especially in the quantities and for the period during which it was prescribed and in combination with other benzodiazepines prescribed during the same period, demonstrates that it was prescribed without using responsible medical judgment.

Again the Tribunal accepts the views and opinions of Drs. Seidler and Chung and notes the following:

- a. Even though he knew that patient B was on a methadone program administered at the Langton Clinic Dr. Ivanov made no attempt to contact the methadone prescriber so as to find out the dosage of the methadone and to ensure that his prescription of benzodiazepines was consistent with such program and in the patient's interests. As pointed out previously rohypnol potentiates the effect of methadone;
- b. Dr. Ivanov did not ask patient B or make any other enquiries to ascertain why the patient was on the methadone program. Moreover prima facie the fact that the patient was on such a program indicated that he had abused illegal drugs and thus was not a person for whom rohypnol should be prescribed because of the risk of dependence;
- c. Even though he knew that patient B had been in gaol for many years Dr. Ivanov made no attempt to ascertain whether the reason for such incarceration was a crime of violence which would of course be a contra indication to the prescription of rohypnol;

Patient B refused to discuss his war service in Vietnam and thus Dr. Ivanov had no sound basis for making a diagnosis of post traumatic stress disorder. Furthermore he made such diagnosis without making any attempt to ascertain the name of and contact any psychologist or psychiatrist who had previously seen the patient;

- e. He treated the patient's claimed insomnia by prescribing rohypnol without making any attempt to treat the disorder which he diagnosed as the cause of such insomnia and anxiety and in addition accepted the patient's claim that he was HIV positive without making any attempt to determine whether patient B was in fact HIV positive;
- f. Dr. Ivanov knew that the patient had previously had rohypnol prescribed for him and that the patient had been seeing a Dr. Wolfe yet he made no attempt to contact that doctor to find out whether he had prescribed rohypnol for the patient and if so for what condition and whether Dr. Wolfe was continuing to prescribe such drug for patient B; and
- g. On the first occasion that Dr. Ivanov saw patient B on 24 November 1993 he prescribed 75 benzodiazepine tablets viz. 25 x 2mg tablets of rohypnol, 25 x 30mg tablets of serepax and 25 x 5mg tablets of valium, and he prescribed another 75 benzodiazepine tablets for the same patient six days later on 1 December 1993. In the Tribunal's view this was a gross over-prescription even accepting Dr. Ivanov's diagnosis and should have caused the doctor to have doubts about whether the patient was in fact taking the medication.

As stated above, having regard to those matters and the opinions of Drs. Seidler and Chung the Tribunal is satisfied that Dr. Ivanov prescribed rohypnol without exercising responsible medical judgment.

Furthermore, having considered all of the abovementioned facts, and the unfavourable impression Dr. Ivanov made in giving his oral evidence, the Tribunal has come to the conclusion that Dr. Ivanov did not in fact prescribe the benzodiazepines to patient B for the reasons which he gave but rather because the patient asked for rohypnol and stated he had taken rohypnol in the past (See Dr. Ivanov's interview with Mr. Thomson on 8 June 1995 - Exhibit B (2) Page 19 last 3 paragraphs). To prescribe on that basis would, in the judgment, of the Tribunal, constitute prescribing for patient B without using responsible medical judgment.

Accordingly the Tribunal is satisfied for the two alternative reasons mentioned that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient B.

### Re Patient C.

There was a dispute between the parties as to the prescriptions which Dr. Ivanov wrote for patient C. The Tribunal is satisfied that Dr. Ivanov prescribed for patient C the specified drugs on the dates and in the quantities set forth in the amended Schedule C but does not accept that he prescribed all the drugs set forth in the Schedule C tendered at the commencement of the hearing.

The Tribunal thus is satisfied that Dr. Ivanov first saw patient C on 17 February 1993 and commenced to prescribe rohypnol for the patient on that date. Thereafter Dr. Ivanov continued to prescribe rohypnol for patient C on a regular basis up to 14 July 1993. Over that 21 weeks he prescribed rohypnol for patient C on 10 occasions with each prescription being for 25 tablets. He again saw the patient on 14 November 1993 and prescribed a further 25 tablets of rohypnol for her on that occasion.

Dr. Ivanov claimed that patient C, who was not a resident of Edward Eager Lodge, came to see him there on 17 February 1993. She told him that she had been using heroin and that her source had dried up (14 May 1998 page 76 lines 15 to 19). She said she was having difficulty sleeping and requested some sleeping tablets for a month or two until she could cope with her lack of heroin (see Exhibit 2 page 5). Accordingly Dr. Ivanov prescribed rohypnol for her. His primary reason for doing so was to assist her in withdrawal from heroin ( 14 May 1998 page 78 lines 34 to 36).

Again the Tribunal accepts the views and opinions of Drs. Seidler and Chung and considers that the prescription of such drug for the particular patient in the circumstances and especially in the quantities and for the period during which it was prescribed, demonstrates that it was prescribed without using responsible medical judgment.

In coming to that decision the Tribunal notes

- a. Dr. Ivanov saw that the patient had scars on her wrists which were suggestive of a previous attempt to commit suicide and was aware that she had been using heroin. Thus the prescription of rohypnol was contra - indicated as she was the type of patient likely to develop dependence and rohypnol would potentiate any heroin she was taking. Moreover the doctor did not take any detailed medical history despite seeing the scars on patient C's wrists;
- b. The use of rohypnol in an uncontrolled environment is not an appropriate treatment to assist a person in withdrawal from heroin; and
- c. The patient was on a methadone program and thus should not have been prescribed rohypnol without consultation with her methadone prescriber. Telephone access to the relevant authorities was available as at 17 February 1993 to enable a medical practitioner to very easily and quickly

discover whether a patient was on a methadone program but Dr. Ivanov did not make such enquiry nor did he ask the patient herself before prescribing rohypnol ( 14 May 1998 page 75 lines 29 to 31). Eventually Dr. Ivanov discovered the patient was on a methadone program but there is a conflict in his evidence as to whether she told him of this (see Exhibit 2 page 5 and contrast with his evidence 14 May 1998 page 74 lines 46 to 51). In any event he did not take the precaution that in the Tribunal's view a medical practitioner exercising responsible medical judgment would have taken before prescribing rohypnol to a patient who presented as did patient C, viz. to make enquiry of the patient herself as to whether she was on a methadone program and in the event of a negative answer to telephone the health authorities. He simply went ahead and prescribed rohypnol without making any enquiry.

Hence the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient C.

The Tribunal also wishes to point out that it has disregarded Dr. Ivanov's statements in his record of interview with Mr Thomson on 8 June 1995 in relation to patient C ( see Exhibit B (2) page 15) as it is not satisfied that Dr. Ivanov intended to refer to patient C in the comments he then made and may well have confused patient C with another patient of a similar name( see Dr. Ivanov's oral evidence 14 May 1998 page 78 line 37 to page 79 line 21).

#### Re Patient D.

Dr. Ivanov first saw patient D on 9 September 1992 at Edward Eager Lodge. He commenced to prescribe rohypnol for him on that date and continued to prescribe rohypnol for him on a regular basis up to and including 28 April 1993. In total he prescribed rohypnol for patient D on 15 occasions over 33 weeks with each prescription being for 25 tablets. In addition he also prescribed two other benzodiazepines on 16 September 1992 for patient D, viz. 50 x 5mgs tablets of valium and 25 tablets of murelax. Thus overall there were 17 prescriptions for benzodiazepines for patient D over 33 weeks,

When Dr. Ivanov was interviewed by Mr. Thomson on 8 June 1995 he claimed his memory of patient D was "dim". Subsequently in his statement Exhibit 2 dated 17 November 1997 Dr. Ivanov said " I did not specifically ask if he was on the methadone program. I cannot recollect any thing more specific regarding the treatment of this Patient. "

However when Dr. Ivanov gave oral evidence he said that patient C had an anxiety state and that he had prescribed the rohypnol for such anxiety state ( 14 May 1998 page 82 lines 52 and 53 and page 84 lines 5 to 8). He further said that at the time of his statement he had not forgotten that patient D had had an anxiety state but had simply overlooked putting it in the statement. (14 May 1998 page 83). On the following day Dr. Ivanov added that a further factor influencing his decision to prescribe rohypnol for patient D was that he

Was suffering from hepatitis C (15 May 1998 page 1 lines 35 to 50 and page 4 lines 3 to 6).

Having regard to the way the evidence came out the Tribunal has considerable reservations as to whether Dr. Ivanov did in fact prescribe the rohypnol for patient D to treat any anxiety of the patient. However even if he did prescribe the rohypnol for such purpose, the Tribunal considers that his prescription of rohypnol for such patient in all the circumstances and especially having regard to the quantities and the period during which it was prescribed and the fact that it was prescribed with other benzodiazepines demonstrates that it was prescribed without using responsible medical judgment.

Once more in coming to that decision the Tribunal accepts the opinions of Drs. Seidler and Chung and has particular regard to the following matters:

a. Dr. Ivanov was told by the patient that he had been abusing drugs since he was 14 years old yet the doctor made no enquiry as to whether he had previously been prescribed rohypnol nor did he make any enquiry as to whether he had ever received treatment for drug overdose. In fact patient D had been admitted in March 1987 to St. Vincent's Hospital in relation to a drug overdose of rohypnol, valium and another substance. In the Tribunal's judgment the longstanding drug abuse by the patient would by itself have been sufficient to preclude the prescription of rohypnol but to prescribe without making any further enquiry the Tribunal regards as reckless;

b. Dr. Ivanov made no enquiry either of the patient or of the public health authorities as to whether the patient was on a methadone program. In fact patient D was on such a program, a fact which could easily have been ascertained (indeed even a cursory perusal of the admission records of the Edward Eager Lodge would have disclosed that the patient was on such program). The Tribunal considers that the prescription of rohypnol for a person on such a program without consultation with his methadone prescriber as being dangerous to the health of the patient and regards Dr. Ivanov prescribing such drug to a self admitted long term drug abuser without taking any steps to ascertain whether he was on such program as clearly showing a failure by Dr. Ivanov to exercise responsible medical judgment; and

c. Although Dr. Ivanov agreed it would be very difficult for him to consider giving rohypnol to a patient who had an alcohol problem ( 14 May 1998 page 87 lines 48 and 49 and page 88 lines 20 to 31), he did not have a practice of taking an alcohol consumption history of a patient unless he was told by a third party that the patient had an alcohol problem or he saw the patient in a state of drunkenness or the patient volunteered that he or she had such a problem (see 14 May 1998 pages 86 to 89). Thus he prescribed rohypnol to patient D without having any knowledge as to whether the patient had an alcohol problem.

Accordingly the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient D.

### Re Patient E.

Patient E first consulted Dr. Ivanov at the Edward Eager Lodge on 11 November 1992. Dr. Ivanov prescribed panadeine forte and serapax on that date. The patient next consulted Dr. Ivanov on 18 November 1992 and had panadeine forte and murelax prescribed on that date. The next consultation was on 25 November 1992 and Dr. Ivanov prescribed rohypnol. Thereafter patient E saw Dr. Ivanov regularly until 4 May 1993. Over the entire period that patient E saw Dr. Ivanov, which was approximately 25 weeks, the doctor prescribed 25 tablets of rohypnol on 15 occasions, 25 tablets of 30 mgs of murelax on 5 occasions, 25 tablets of serapax on one occasion 20 tablets of panadeine forte on 5 occasions and 50 tablets of 5mgs of antenex (ie. diazepam) on 4 occasions.

Patient E had been a patient at St. Vincent's Hospital under the care of Professor Ronald Penny since 1985 . He made this known to Dr. Ivanov who made contact with St. Vincent's Hospital and was informed that a primary provisional diagnosis of Systemic Lupis Erythematosus (SLE) had been made. He complained to Dr. Ivanov of insomnia which the doctor considered was caused by anxiety which itself was caused by his SLE. The patient also complained of a rash on his face. Dr. Ivanov commenced his treatment by prescribing serapax with panadeine forte and then changed to murelax with panadeine forte. Thereafter he changed again to rohypnol which he continued up to 4 May 1993. He also treated the rash with a diprosone ointment.

According to Dr. Ivanov this treatment was successful as the patient's rash gradually disappeared and his sleeping pattern returned to normal. However the doctor continued to prescribe rohypnol up until patient E left the Edward Eager Lodge. Dr. Ivanov considered his treatment of patient E to be successful and as indicative of the therapeutic uses of rohypnol.

However the Tribunal considers that the prescription of rohypnol for patient E and its continuance over 23 weeks in combination with the other drugs already mentioned was made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

a. Although Dr. Ivanov was aware that patient E had been receiving treatment at St. Vincent's Hospital and made some enquiry, he did not seek to obtain full notes of patient E's treatment at that hospital ( 15 May 1998 page 13 lines 31 to 36). Despite some suggestion in his evidence that he may have been made aware that patient E was a poly drug user( see 15 May 1998 page 12 line 55 to page 13 line 26), the Tribunal is not satisfied that Dr. Ivanov ever

was aware of the full contents of the notes. Had he been so aware he would have been conscious that those notes contained the following:- *Robert as you know has a problem with chronic alcoholism and poly drug abuse with a secondary organic brain syndrome manifested by personality disorder and hallucinations. He has also had drug withdrawal fits*". In the Tribunal's judgment no medical practitioner exercising responsible medical judgment would have prescribed rohypnol for such a patient in an uncontrolled environment. Furthermore the Tribunal is of the view that, especially having regard to the fact that SLE can be associated with psychiatric symptoms, any medical practitioner in the position of Dr. Ivanov exercising responsible medical judgment would have obtained the full hospital notes before commencing a regimen of repeated prescription of rohypnol to patient E;

b. Despite being aware that both SLE and insomnia can have psychiatric components, Dr. Ivanov made no attempt to obtain a psychiatric history from patient E before commencing him on rohypnol (15 May 1998 pages 18 and 19). Again the Tribunal is of the opinion that a medical practitioner exercising responsible medical judgment would have sought to have obtained such a history before prescribing rohypnol to patient E;

c. Despite seeing patient E when he was a resident of Edward Eager Lodge Dr. Ivanov didn't obtain a drug and alcohol history from the patient ( 15 May 1998 page 18 lines 30 to 32), and didn't consider it necessary to do so (15 May 1998 page 18 lines 44 to 46). In the Tribunal's view a medical practitioner exercising responsible medical judgment before prescribing rohypnol with its well known possible potential problems, would have taken such a history before prescribing the drug to a patient residing in a refuge for homeless people;

d. Even though Dr. Ivanov was aware that patient E had been under the care of Professor Penny for suspected SLE for many years and considered that the insomnia of which the plaintiff was complaining was caused by that disorder he did not attempt to contact Professor Penny and liaise with him about treating the patient with rohypnol ( 15 May 1998 page 17 lines 50 to 52) nor did he attempt to ascertain whether the patient was on a methadone program ( 15 May 1998 page 17 lines 54 to 58). In the Tribunal's judgment a medical practitioner exercising responsible medical judgment would have attended to both of those matters before commencing the patient on rohypnol; and

e. Dr. Ivanov made no enquiry of the patient before prescribing rohypnol as to whether he had any other treating doctor in addition to Professor Penny ( 15 May 1998 page 23 line 38 to page 24 line 6). In fact as a perusal of the first page of the admission records of Edward Eager Lodge would have revealed patient E was under the care of Dr. Mark Fuidge of Kings Cross. In the Tribunal's view a medical practitioner treating a resident at a refuge for homeless people should have at least made enquiry of the patient as to whether he had any other treating doctor before prescribing rohypnol.

In coming to its decision on this aspect of the matter the Tribunal has not overlooked Dr. Ivanov's claim that his treatment of patient E was successful. However the cure of a condition such as insomnia is so dependent on the statement of the patient that the Tribunal is not prepared with a patient having the history of patient E to accept Dr. Ivanov's assertion.

For the foregoing reasons the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient E.

#### Re Patient F.

Patient F first consulted Dr. Ivanov on 15 July 1992. On such consultation Dr. Ivanov prescribed rohypnol. Thereafter Dr. Ivanov saw patient F on a regular basis up to and including 19 January 1995. None of such consultations was at Edward Eager Lodge (15 May 1998 page 32 lines 38 to 45).

Over that period of 2 years and approximately 27 weeks Dr. Ivanov prescribed 25 tablets of rohypnol for the patient on 103 occasions and 50 tablets of rohypnol on one occasion. In addition during the same period he also gave patient F 4 prescriptions of 200 tablets of rivotril, 2 prescriptions of 25 tablets of murelax, 4 prescriptions of 25 tablets of serapax and one prescription of 50 tablets of valium. Moreover some of these benzodiazepines were prescribed at the same time. Thus, for example, on each of 12 August 1992, 10 November 1994, 21 November 1994 and 19 January 1995 Dr. Ivanov prescribed 25 tablets of rohypnol and 200 tablets of rivotril whilst over the week between 5 August 1993 and 12 August 1993 Dr. Ivanov prescribed 100 tablets of rohypnol in 4 prescriptions of 25 tablets each.

Patient F had hepatitis C and was HIV positive. Dr. Ivanov claimed that he prescribed rohypnol to the patient to treat his insomnia and his anxiety resulting from his hepatitis and AIDS condition. ( See Exhibit 2 pages 6 to 8 and oral evidence 15 May 1998 page 27 lines 10 to 18, page 29 lines 21 to 33 and page 30 lines 10 to 12 ). Dr. Ivanov also spoke to patient F's AIDS treating medical practitioner and told him that he was treating patient F with benzodiazepines but did not tell that doctor the quantities of rohypnol he was prescribing ( 15 May 1998 page 25 lines 11 to 29).

However even though Dr. Ivanov obtained a full drug history from patient F and knew that he had been an intravenous drug user and that he was on a methadone program (15 May 1998 page 24 lines 37 to 56 ), he did not consult the doctor who was conducting the patient's methadone program ( 15 May 1998 page 24 line 57 to page 25 line 2).

Dr. Ivanov conceded in evidence ( 15 May 1998 page 30 lines 18 to 21) that there were many other forms of treatment for insomnia and anxiety other than rohypnol but claimed he prescribed rohypnol because patient F said that

rohypnol had been effective for him in the past (15 May 1998 Page 30 lines 24 to 33). Furthermore Dr. Ivanov said in evidence that he prescribed rivotril because the patient had found it a better anti-anxiety agent than rohypnol having been given rivotril many times in the past in St. Vincent's Hospital (15 May 1998 page 35). Similarly Dr. Ivanov told Mr. Thomson in his interview on 8 August 1995 that he had prescribed 200 rivotril tablets on 20 January 1995 because patient F requested it ( see Exhibit B (3) page 4).

Dr. Ivanov claimed he prescribed both rohypnol and rivotril at the same time to enhance the treatment of the patient's anxiety (15 May 1998 page 37) and conceded he had prescribed the rivotril on the pharmaceutical benefits scheme even though he knew that the prescription of such drug under such scheme for the treatment of anxiety was not permissible (15 May 1998 page 38). He further conceded that he knew of no literature which countenances the prescribing of rivotril for an anxiety condition whilst at the same time prescribing rohypnol for such condition ( 15 May 1998 page 39 lines 1 to 5).

Even accepting Dr. Ivanov's claimed reason for prescribing rohypnol for patient F the Tribunal is satisfied that that the prescription of rohypnol for patient F in combination with the other drugs already mentioned and its continuance over 2 years and 27 weeks was made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

- a. Dr. Ivanov knew that the patient had abused drugs intravenously in the past and was currently on a methadone program. The Tribunal considers that it was totally inappropriate to prescribe rohypnol for such a patient and especially when the patient suggested the medication by name;
- b. Dr. Ivanov prescribed rohypnol and the other benzodiazepines knowing that the patient was on a methadone program yet made no enquiry of the methadone provider and did not seek to liaise with him in the treatment of the patient; and
- c. Dr. Ivanov prescribed rivotril in combination with rohypnol which in the Tribunal's judgment is completely inappropriate especially in an uncontrolled environment.

Furthermore the Tribunal does not accept Dr. Ivanov's claim that he prescribed rohypnol and the other benzodiazepines to treat patient F for anxiety and insomnia.

Instead the Tribunal is satisfied that Dr. Ivanov prescribed rohypnol for patient F on request. It has reached that conclusion from the fact that Dr. Ivanov prescribed rohypnol for an inappropriate patient on the first consultation and then continued to prescribe it for over 2 and a half years often inappropriately in combination with other drugs. It seems to the Tribunal that Dr. Ivanov, when faced with a patient suffering from AIDS and / or

hepatitis C, such as patient F, considered that such person's condition was so serious that he simply prescribed rohypnol for such person on request.

In coming to that determination the Tribunal is conscious that Dr. Ivanov denied that that was the situation when the matter was put to him (see 15 May 1998 page 29 lines 34 to 40), but the Tribunal is unable to accept that a doctor such as Dr. Ivanov who revealed himself to be well informed as to benzodiazepines would prescribe rohypnol for patient F in the circumstances in which he did and for the period for which he did and in the combinations which he did unless he did so on such basis. Furthermore Dr. Ivanov when interviewed by Mr. Thomson on 8 June 1995 said " --- as I say people who have HIV infections I rarely question their extra need for Rohypnol" (Exhibit B 2 page 19).

Of course to prescribe rohypnol simply on request even for a patient suffering from AIDS and/or hepatitis C would be to prescribe it without exercising responsible medical judgment.

Accordingly for each of the abovementioned alternative sets of reasons the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient F.

#### Re Patient G.

Patient G had consulted Dr. Ivanov in the 1980s and the doctor became aware that he was using heroin at that time. He referred him to Dr. Pettit a psychiatrist.

On 23 June 1993 Dr. Ivanov saw patient G at Edward Eager Lodge and prescribed rohypnol for him. Thereafter Dr. Ivanov prescribed rohypnol for patient G on 49 occasions up to 14 September 1994. In addition he also prescribed murelax on 2 occasions and 200 tablets of rivotril on one occasion. Thus over a period of 1 year and 12 weeks Dr. Ivanov prescribed benzodiazepines on 52 occasions.

In his statement Exhibit 2 (page 9) Dr. Ivanov claimed when patient G had presented to him at Edward Eager Lodge he had advised the doctor that if he was not prescribed rohypnol he would go back and use heroin and he (Dr. Ivanov) had therefore prescribed rohypnol for him on a regular basis. Subsequently in his oral evidence when he was specifically asked in cross examination, Dr. Ivanov said that his primary reason for prescribing rohypnol to patient G was to keep him off heroin but it was also for [the patient's ] anxiety (15 May 1998 page 42 lines 10 to 20). Similarly Dr. Ivanov told Mr. Thomson on 8 June 1995 that patient G had said to him that while he was on the rohypnol tablets he was able to stay off the heroin ( Exhibit B 2 page 18).

The Tribunal is satisfied that the prescription of rohypnol for patient G in combination with the other drugs already mentioned and its continuance over 1 year and 12 weeks was made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

- a. There is no medical basis for prescribing rohypnol to a patient in order to attempt to keep that patient from using heroin and to do so is completely inappropriate especially in an uncontrolled environment;
- b. Dr. Ivanov realised that it was possible that patient G was on a methadone program and yet made no attempt to ascertain whether he was on such program;
- c. The prescription of rohypnol on request to a person who the medical practitioner knew had abused drugs in the past was totally inappropriate; and
- d. The continued prescription of rohypnol for one year and 12 weeks sometimes in combination with other benzodiazepines at a dosage well above the recommended level was completely inappropriate

Accordingly the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient G.

#### Re Patient H.

Patient H first consulted Dr. Ivanov on 23 June 1993 at Edward Eager Lodge. He stated that he was having trouble sleeping. Dr. Ivanov knew the patient had a history of violence but notwithstanding such history prescribed 25 tablets of rohypnol for patient H to act as a sedative and enable the patient to sleep (15 May 1998 page 48 line 50 to page 49 line 9). and page 51 lines 2 to 17; and Exhibit 2 pages 9 and 10).

The patient again consulted Dr. Ivanov two weeks later on 7 July 1993 and was again prescribed rohypnol. He was informed that there would be no further prescriptions without an appointment at the Drug and Alcohol Clinic at St. Vincent's Hospital (see Exhibit 2 page 10).

Notwithstanding this the patient returned to see Dr. Ivanov on 14 July 1993 and asked for a prescription for 100 rohypnol tablets. In seeking such prescription the patient stood up opposite the doctor with his face a few inches from the doctor who felt threatened especially as by this time he knew from the Lodge's records that the patient was HIV positive. In effect to get rid of the patient Dr. Ivanov gave him two prescriptions each for 25 tablets of rohypnol. The first of such prescriptions the doctor ante dated 12 July 1993 and the second he dated 14 July 1993.

Before prescribing the rohypnol on 23 June 1993 Dr. Ivanov did not obtain any psychiatric history and made no attempt to ascertain whether patient H was on a methadone program nor did he seek to discover whether the patient was seeing another medical practitioner at the time he was seeing Dr. Ivanov ( 15 May 1998 page 53 lines 30 to 53).

The Tribunal considers that, when Dr. Ivanov prescribed 25 tablets of rohypnol on 23 June 1993 for patient H who was residing at a homeless person's refuge knowing that the patient had a history of violence and without obtaining any psychiatric history or making any attempt to ascertain whether the patient was on a methadone program or whether he was seeing another medical practitioner at the same time as he was seeing Dr. Ivanov, the doctor did not exercise responsible medical judgment. The Tribunal has come to the same opinion in relation to the prescribing by Dr. Ivanov of the 25 Tablets of rohypnol for patient H on 7 July 1993.

However the Tribunal is not satisfied that Dr. Ivanov in prescribing the 50 tablets of rohypnol for patient H on 14 July 1993 did so without exercising responsible medical judgment.

When a patient demands certain drugs from a medical practitioner and physically threatens that practitioner to enforce his demand the appropriate response from the practitioner will depend on the surrounding circumstances including the immediacy of the threat, the ability of the practitioner to defend himself and the speed with which the practitioner can summon assistance. In many cases it will obviously be a matter of some judgment for the medical practitioner as to the particular course he should adopt. The Tribunal considers that each case will depend on its own facts but acknowledges that when a person is threatened he or she may not always behave in the manner which, with the benefit of hindsight, would have been the most appropriate.

Having regard to Dr. Ivanov's age and his knowledge that the patient threatening him was HIV positive, the Tribunal is not satisfied that his prescription of half of the demanded rohypnol on 14 July 1993 rather than summoning assistance was made without exercising responsible medical judgment.

In relation to patient H therefore the Tribunal is satisfied that the particulars of paragraph of the amended complaint have been proved only to the extent of the prescriptions given on 23 June 1993 and 7 July 1993 and the Tribunal is not otherwise satisfied that such particulars have been proved.

#### Re Patient I.

Patient I suffered from AIDS. She also had pain in her lower back and both hips resulting from bilateral congenital dislocation of her hips during child

birth. In addition she had hepatitis C and was on a methadone program with her provider being Dr Garry Swift. (Exhibit 2 pages 11 and 12).

She first consulted Dr. Ivanov in February 1992 (15 May 1998 page 57 lines 18 to 22) and he commenced prescribing rohypnol for her on 8 July 1992. Thereafter she saw Dr. Ivanov regularly. During the period 8 July 1992 to 14 June 1995 which is 2 years and approximately 49 weeks, he prescribed 25 tablets of rohypnol for her on 65 occasions, 25 tablets of murelax on 86 occasions, 24 tablets of serapax on 8 occasions, 50 tablets of valium on 4 occasions. He also prescribed over that period various other drugs including 20 tablets of physeptone ( which is methadone in a tablet form ) on 4 occasions and 20 tablets of codral forte on 56 occasions. On 26 occasions Dr. Ivanov prescribed rohypnol in combination with another benzodiazepine either murelax, serapax or valium.

Dr Ivanov prescribed the rohypnol for patient I for her anxiety and insomnia which he considered was caused by her fear of death from AIDS. (15 May 1998 page 60 line 48 to page 61 line 4 and Exhibit 2 page 12).

Although Dr. Ivanov knew that patient I was on a methadone program with a very high dosage and the name of her provider, Dr. Gary Swift, he did not speak to that doctor specifically about prescribing benzodiazepines for patient I nor did he speak to the patient's AIDS treating doctor specifically about prescribing benzodiazepines for her (15 May 1998 page 58 lines 36 to 55).

The Tribunal is satisfied that the prescription of rohypnol for patient I in combination with the other drugs already mentioned and its continuance over 2 years and 10 months was made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

- a. Dr. Ivanov prescribed rohypnol and the other benzodiazepines knowing that the patient was on a methadone program and indeed on a very high dosage in such program. An effect of rohypnol is to potentiate (ie. add to or increase) the effect of methadone and it is therefore totally inappropriate to prescribe it to a person on such a program;
- b. Despite knowing that the patient was on such program Dr. Ivanov did not advise the methadone provider of his intention to prescribe rohypnol for patient I nor did he seek to liaise with him in the treatment of the patient. This failure had the potential to very adversely affect the patient's health;
- c. Dr Ivanov prescribed rohypnol during a period where he was also prescribing physeptone and codral forte for the same patient. Again an effect of the rohypnol would be to potentiate the effect of physeptone and codral forte and thus it would be inappropriate to prescribe rohypnol for such patient; and

21. Dr. Ivanov prescribed rohypnol in combination with other benzodiazepines for the same patient which was totally inappropriate and did so on 26 separate occasions.

Thus the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient I.

#### Re Patient J.

Dr. Ivanov first saw this patient on 8 September 1993. He presented at the Edward Eager Lodge Clinic and gave the doctor a history of violence. He told the doctor that he had recently been released after spending seven years in Goulburn gaol and that he was on methadone. He said that he wanted some sedation similar to that which he had had in gaol and initially Dr. Ivanov prescribed valium. On subsequent visits patient J said he required extra sedation as it helped prevent him from being violent and on 13 October 1993 Dr. Ivanov prescribed 25 tablets of rohypnol for him.(see Exhibit 2 pages 12 to 14 and 15 May 1998 page 70).

Thereafter Dr. Ivanov saw patient J on a further nine occasions up to and including 15 December 1993 and prescribed rohypnol for him on each of those consultations.

The Tribunal is satisfied that Dr. Ivanov failed to exercise responsible medical judgment in initially prescribing rohypnol for patient J and further that he failed to exercise responsible medical judgment in continuing to prescribe rohypnol after 1 November 1993. The Tribunal has come to such decision for the following reasons:

- a. Because of its well known possible paradoxical' reactions rohypnol should not be prescribed for a patient who has a history of violence especially where there is also a history of drug abuse. In this case Dr. Ivanov was aware both of the history of violence and from the fact that the patient was on a methadone program that he had a history of drug abuse. It was therefore totally inappropriate and contra indicated to prescribe rohypnol for patient J; and
- b. Dr. Ivanov became aware that patient J had been involved in an altercation with the night staff at the Edward Eager Lodge on 1 November 1993. However he did not enquire into the specific event (15 May 1998 page 72 line 13). Had he done so Dr. Ivanov would have discovered from the Lodge's records that the patient had inter alia grabbed a knife and made threats (see Exhibit AN ). In the Tribunal's view the exercise of responsible medical judgment would have caused Dr. Ivanov to have made further enquiries before prescribing any further quantities of rohypnol to patient J after 1 November 1993 once he became aware of the existence of the altercation. Furthermore the results of those enquiries would have led a

medical practitioner exercising responsible medical judgment to have ceased prescribing rohypnol for patient J. Moreover the Tribunal considers that even without knowing the specific details of the altercation on 1 November 1993 a medical practitioner exercising responsible medical judgment and having regard to the patient's previous history of violence would have ceased to prescribe rohypnol for patient J on becoming aware simply of the fact that he had been involved in an altercation with the night staff.

Thus the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient J.

### Re Patient K.

Patient K first consulted Dr. Ivanov at Edward Eager Lodge on 2 September 1992. He was a diabetic who had a long history of addiction to prohibited drugs and also suffered from hepatitis C.

Dr. Ivanov first prescribed serapax for patient K but later, on 6 October 1992, prescribed 25 tablets of rohypnol. Thereafter until 17 June 1993 which is approximately 37 weeks Dr. Ivanov prescribed 25 tablets of rohypnol on a further 12 occasions. Over the same period he also prescribed 50 tablets of valium on 6 occasions and 25 tablets of serapax on 2 occasions and 200 tablets of rivotril on one occasion. Moreover between 26 July 1993 and 20 October 1994 Dr. Ivanov prescribed rivotril on a further 9 occasions, murelax on 9 occasions, valium on a further 6 occasions and serapax on a further 6 occasions.

In his statement Exhibit 2 Dr. Ivanov set out at page 15 that he judged patient K's aggressive nature to be dangerous and he prescribed him rohypnol with other sedatives to keep this aggressive nature under control. In his oral evidence Dr. Ivanov said that the patient was very anxious and his anxiety caused him to be aggressive (15 May 1998 page 76 lines 50 to 54).

However when interviewed by Mr. Thomson on 8 June 1995, Dr. Ivanov said that he had prescribed rohypnol for patient K on request and that it was not actually a medical judgment on his part to give the patient the medication (See exhibit B 2 at pages 7 and 8). Despite attempts by Dr. Ivanov during his oral evidence to explain statements of such nature by asserting that he had meant that he had prescribed rohypnol on the patient's request but only after considering the patient's medical condition, the Tribunal is satisfied that in relation to patient K, Dr. Ivanov did, in fact, do precisely what he conceded to Mr. Thomson viz. that he prescribed rohypnol for patient K because the patient had requested it and that the doctor therefore issued such prescription did so without exercising responsible medical judgment.

It follows that the Tribunal is satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient K.

Moreover even if, contrary to the Tribunal's view, Dr. Ivanov prescribed the rohypnol for patient K for the reasons he gave in his statement and in his oral evidence, the Tribunal is still satisfied that his prescription of rohypnol for patient K in combination with the other drugs already mentioned and its continuance over 37 weeks was made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

- a. Because of its well known possible paradoxical reactions rohypnol should not be prescribed for a patient who is aggressive especially where there is also a history of drug abuse. In this case Dr. Ivanov was aware both of the aggressive nature of patient K which he considered dangerous and that he had a history of drug abuse. It was therefore totally inappropriate and contra indicated to prescribe rohypnol for patient K;
- b. Quite apart from his aggression rohypnol should not have been prescribed for a person with a history of drug abuse such as patient K because of its potential for dependency;
- c. Because of its potentiating effect in relation to heroin and narcotic analgesics, rohypnol should not have been prescribed for a known illicit drug abuser such as patient K; and
- d. Having regard to the fact that patient K was consulting Dr. Ivanov in a refuge for homeless people and his history of drug abuse rohypnol should not have been prescribed for patient K without first ensuring that he was not on a methadone program. In this regard the Tribunal does not regard the fact that a known drug abuser denies he is on such a program as being a sufficient enquiry especially as a medical practitioner is able to obtain the necessary information from a simple telephone call to the relevant authorities.

Hence on this alternative basis the Tribunal is also satisfied that the particulars in paragraph 1 of the amended complaint have been proved in relation to patient K.

## **Particular 2.**

The Tribunal turns to consider the particulars in paragraph 2 of the amended complaint viz:- *The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets, alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B", "C", "D", "E"; "F", "G", "H", "I", "J"; "K"; in quantities and/or for periods in excess of recognised therapeutic standards of what is medically appropriate.*

Medical practitioners have not only a professional obligation to prescribe drugs in accordance with recognised therapeutic standards of what is medically appropriate in the circumstances but also a legal duty. See regulation 46B made pursuant to the Poisons Act 1966 and regulation 57 of the Poisons Regulation 1994 (which commenced on 1 September 1994)

The generally recognised therapeutic dose of the drug rohypnol is 1 to 2 mgs per day (ie. half to one tablet per day) and 1/2 to 1 mgs per day for elderly or debilitated patients in each case for a period of 2 to 4 weeks and not exceeding 2 months. See Dr. Seidler Exhibit B 17 page 5; Dr. Chung Exhibit B 18 page 2 para 1(a) (7) and page 3 para 2 (a); MIMS 1992 edition page 4 178 Exhibit B 19 and Martindale The Extra Pharmacopoeia 29th Edition 1989 page 737 Exhibit B 20. Indeed the Guidelines for the Prevention and Management of Benzodiazepine Dependence published by the National Health and Medical Research Council in 1991 state that when benzodiazepines are prescribed for anxiety and insomnia in routine clinical practice there is a general consensus that they should be prescribed for periods of less than 2-4 weeks and that, as rebound symptoms can occur after 1 week of use, it can be argued that the duration of benzodiazepines treatment should be less than 7 days. (Exhibit B 32 page 8). This is supported by the Guidelines for the Rational Use of Benzodiazepines adopted by the Royal Australian College of General Practitioners in February 1993 ( Exhibit 33 ), which stated "The management of anxiety and insomnia should rely largely on non - pharmacological intervention." and "When benzodiazepines are prescribed, the lowest dose to achieve the desired outcome for the shortest duration necessary should be provided." The Guidelines further stated "For Insomnia, short - term effectiveness of benzodiazepines is clear, but effectiveness beyond two weeks has not been demonstrated. "

The Tribunal is satisfied that the quantities of rohypnol which Dr. Ivanov prescribed for the various patients and the periods over which such prescriptions were given are correctly set out in the amended schedules annexed to these reasons. Based on those schedules the Tribunal is further satisfied that Dr. Ivanov prescribed rohypnol tablets in quantities and for periods well in excess of recognised therapeutic standards for each of the patients A, B, C, D, E, F, G, I, J, and K.

In coming to that determination the Tribunal recognises that the prescription of rohypnol over a longer period than the generally accepted therapeutic standard may be acceptable where a medical practitioner is engaged in a slow withdrawal program. In that regard the Tribunal accepts the evidence of Dr. Seidler that for an appropriate withdrawal program the patient should be prescribed the longer acting benzodiazepine valium and specific and decreasing numbers of tablets should be dispensed daily from a pharmacy to ensure that the patient only receives the actual number of tablets required (17 March 1998 page 224 lines 17 to 29 ). In Dr. Seidler's view such a

program would commonly take place over a period of six weeks but the Tribunal notes that other sources indicate the withdrawal program might be as long as 4 months (see Exhibit 32 page 12 ). However on the evidence before it, both from Dr. Ivanov and as to the actual prescriptions given, the Tribunal does not accept that Dr. Ivanov was engaged in a gradual withdrawal program with any of the patients being considered.

In relation to patient H Dr. Ivanov prescribed 25 tablets of rohypnol for the patient over two weeks. On 7 July 1993 after such two weeks had expired he then prescribed a further 25 tablets but told the patient there would be no further prescriptions until he went to the Drug and Alcohol Clinic at St. Vincent's Hospital. The Tribunal is not satisfied that the quantities and periods over which Dr. Ivanov had prescribed rohypnol for patient H up to and including 7 July 1993 were in excess of the generally recognised therapeutic standards. Thereafter on 14 July 1993 Dr. Ivanov did prescribe quantities of rohypnol in excess of the generally recognised therapeutic standards. However, as stated previously, the Tribunal considers that he did so on only one occasion and then because of physical threats made to him. In those circumstances the Tribunal is not satisfied that the prescriptions were issued in the exercise of the doctor's free will and therefore that the particulars in paragraph 2 of the amended complaint have been established in relation to patient H.

Hence the Tribunal is satisfied that the particulars in paragraph 2 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, I, J, and K but not in relation to patient H.

### **Particular 3.**

The particulars in paragraph 3 of the amended complaint are:- *The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A", "B", "C" ; "D" "E, "F" "G" "H", "I", "J" and "K", for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate.*

The only recognised therapeutic use of flunitrazepam in general medical practice is for the short term treatment of severe cases of insomnia and perhaps anxiety which is causing the patient unacceptable distress. It is also used as a pre anaesthetic medication for the induction and maintenance of general anaesthesia.

It seems to the Tribunal that in determining whether the particulars contained in paragraph 3 of the amended complaint have been proved it needs to consider each patient separately.

### Re Patient A.

Dr. Ivanov claimed that the main reason he prescribed rohypnol for patient A was for the relief of his anxiety and insomnia. He also conceded that part of the reason he had prescribed rohypnol for the patient was the history he had been given about the patient having taken drugs in gaol.

As stated previously when dealing with the particulars of the amended complaint contained in paragraph 1 the Tribunal considers that, even if Dr. Ivanov's reasons for initially prescribing rohypnol are accepted, his continuing to prescribe the drug for the period of 2 years and 44 weeks was because the patient requested it.

In the Tribunal's judgment to continue to prescribe rohypnol to patient A for such a lengthy period because the patient requested it was to prescribe it for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate. The Tribunal therefore is satisfied that the particulars of paragraph 3 of the amended complaint have been proved in relation to patient A.

### Re Patient B.

Dr. Ivanov claimed that he made a diagnosis of post traumatic stress disorder which was causing the patient sleeping problems and that he prescribed rohypnol to assist patient B in relation to such problems.

The Tribunal, when considering whether the particulars in paragraph 1 of the amended complaint had been established, came to the conclusion that in fact Dr. Ivanov did not prescribe rohypnol to patient B for the reasons he gave but rather because the patient told the doctor he had taken rohypnol in the past and asked for it. Again the Tribunal is satisfied that the prescription of rohypnol in those circumstances was for a purpose which was not in accordance with recognised therapeutic standards of what was medically appropriate. Moreover even if, contrary to the Tribunal's judgment, the initial prescription was for an appropriate therapeutic purpose, the continuation of the prescription for approximately 1 and 1/2 years was not.

The Tribunal is therefore satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient B.

### Re Patient C.

Dr. Ivanov claimed that his primary reason for prescribing rohypnol to patient C was to assist her in withdrawal from heroin.

The Tribunal is satisfied that the prescription of rohypnol for such a purpose was not in accordance with recognised therapeutic standards of what was medically appropriate. The Tribunal has come to this decision because it is

satisfied that the prescription of rohypnol to persons to keep them away from heroin or to assist them in so doing is not, and was not, at any relevant time, a recognised treatment. Indeed Dr. Ivanov himself in effect conceded that this was the case (see 13 May 1998 page 56 line 52 to page 57 line 9 ).

The Tribunal is thus satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient C.

#### Re Patient D.

Dr. Ivanov claimed that he had prescribed rohypnol for patient D for an anxiety state which the patient was suffering.

Although rohypnol has some anxiolytic qualities its primary therapeutic use is for short term treatment of severe insomnia. Indeed there are other benzodiazepines which are specifically used for their anxiolytic qualities. Rohypnol is in fact inappropriate for treatment of anxiety because it is a potent and short acting drug designed to induce sleep and be rapidly eliminated from the body. Thus to use it for treatment of anxiety would require frequently repeated doses whereas the accepted anti anxiety drugs have less potency and a longer half life so that the need for repeated doses is reduced. Moreover rohypnol can be associated with disinhibition, stimulation, excitement, aggression, acute rage and increased anxiety. (See Guidelines for the Prevention and Management of Benzodiazepine Dependence published by the National Health and Medical Research Council 1991 Exhibit 32 page 22 and the article Flunitrazepam by Dr. Malcolm Dobbin - May 1997 Exhibit X pages 25 to 27).

As stated previously the Tribunal has considerable reservations as to whether Dr. Ivanov did in fact prescribe rohypnol for patient D for the reasons he claimed. However even accepting that he did so and further accepting that his initial prescription on 9 September 1992 for anxiety may possibly be regarded as for a purpose which was in accordance with recognised therapeutic standards of what was medically appropriate, the Tribunal is satisfied that his continued prescription of rohypnol for 33 weeks can not be regarded as for a purpose which was in accordance with such standards.

This is because after the expiration of approximately 4 weeks there is no purpose other than a carefully monitored withdrawal program (which was not the case with patient D ), for which the continued prescription of rohypnol would be regarded as being in accordance with recognised therapeutic standards of what was medically appropriate.

The Tribunal is thus satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient D.

### Re Patient E.

Dr. Ivanov claimed that he prescribed rohypnol for patient E because he complained of insomnia which the doctor considered was caused by anxiety which itself was caused by Systemic Lupis Erythematosus (SLE).

In the Tribunal's judgment even if the initial prescription of rohypnol on 25 November 1992 is regarded as being for a purpose which was in accordance with recognised therapeutic standards of what was medically appropriate, the continued prescription of rohypnol over the next 25 weeks cannot be so viewed. Accordingly the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient E.

### Re Patient F.

Dr. Ivanov claimed he prescribed rohypnol for patient F to treat his insomnia and his anxiety resulting from his hepatitis C and AIDS condition.

However as the Tribunal pointed out when considering whether the particulars in paragraph 1 of the amended complaint had been proved, it does not accept that Dr. Ivanov in fact prescribed rohypnol for patient F for such purpose but instead is satisfied that he prescribed it to patient F on request because he was suffering from hepatitis C and AIDS. To prescribe rohypnol for such purpose was not in accordance with recognised therapeutic standards of what was medically appropriate and thus the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient F.

Furthermore even if the Tribunal had accepted that Dr. Ivanov had in fact prescribed the rohypnol for the reasons he claimed, the Tribunal would still have been satisfied that in continuing to prescribe rohypnol for patient F over the period of 2 years and 27 weeks Dr. Ivanov prescribed the drug for a purpose not in accordance with recognised therapeutic standards of what was medically appropriate for the same reasons given in relation to patient E.

### Re Patient G.

Dr. Ivanov claimed that his primary reason for prescribing rohypnol to patient G was to keep him off heroin although in addition he mentioned it was also for the patient's anxiety.

As pointed out in relation to patient C the Tribunal is satisfied that the prescription of rohypnol to persons to keep them away from heroin or to assist them in so doing is not, and was not, at any relevant time, a recognised treatment. ( see, for example, Dr. Ivanov himself 13 May 1998 page 56 line 52 to page 57 line 9 ). Thus the Tribunal is satisfied that the prescription of rohypnol for such a purpose was not for a purpose in accordance with recognised therapeutic standards of what was medically appropriate.

Hence the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been made out in relation to patient G.

#### Re Patient H.

Dr. Ivanov said that he prescribed rohypnol for patient H on 23 June 1993 because the patient complained of having trouble sleeping . When the patient saw him again on 7 July 1993 Dr. Ivanov again prescribed rohypnol but told the patient that there would be no more prescriptions of rohypnol until the patient obtained an appointment at the Drug and Alcohol Clinic at St. Vincent's Hospital.

The Tribunal accepts that Dr. Ivanov prescribed the rohypnol for patient H on 23 June 1993 and 7 July 1993 for the purpose he claimed and further accepts that this purpose was in accordance with recognised therapeutic standards of what was medically appropriate.

Thereafter on 14 July 1993 Dr. Ivanov prescribed rohypnol because of physical threats which were made to him. In those circumstances the Tribunal is not satisfied that the prescriptions were issued by Dr. Ivanov in the exercise of his free will for a purpose other than in accordance with the recognised therapeutic standards of what was medically appropriate. Accordingly the Tribunal is not satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient H.

#### Re Patient I.

Dr. Ivanov claimed that the reason he prescribed rohypnol for patient I was for her anxiety and insomnia which he considered was caused by her fear of death from AIDS.

The Tribunal has considerable doubt as to whether Dr. Ivanov's purpose in prescribing rohypnol for patient I was in fact to treat her anxiety and insomnia. However, even accepting Dr. Ivanov's claimed purpose in initially prescribing rohypnol for patient I, the Tribunal is of the opinion that the continued prescription of rohypnol for the patient over 2 years and 10 months was not for a purpose in accordance with recognised therapeutic standards of what was medically appropriate.

The Tribunal has come to this decision for the same reasons as it expressed in relation to patient D.

Thus the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient I.

### Re Patient J.

Dr. Ivanov prescribed rohypnol for patient J as a sedative to help him from being violent.

Having regard to the opinions of Drs Chung and Seidler and the medical literature which has been adduced into evidence the Tribunal is satisfied that the prescription of rohypnol as sedative to attempt to assist a patient to control violent tendencies or aggression is not a recognised therapeutic purpose for that drug. Indeed on the material before the Tribunal it has been recognised since well before 1 July 1992 that rohypnol far from reducing violent behaviour can in fact cause it. ( see for example MIMS 1992 page 4 - 178. Exhibit B 19 and the article by Dr M. Dobbin Exhibit X at page 25 and the footnotes therein which refer to articles published in 1975 and 1981 and a book published in 1985). Thus a proclivity to violence or aggression is a contra - indication to the prescription of the drug.

The Tribunal therefore is satisfied that in prescribing rohypnol for patient J for the purpose of sedating him and thereby helping him from being violent Dr. Ivanov was prescribing rohypnol for a purpose not in accordance with recognised therapeutic standards of what was medically appropriate. Furthermore the Tribunal is satisfied that Dr. Ivanov's continuing to prescribe rohypnol for patient J for two months was also for a purpose not in accordance with such standards for the same reasons given in relation to patient D.

The Tribunal therefore considers that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient J.

### Re Patient K.

Dr. Ivanov claimed that he prescribed rohypnol for patient K to keep his dangerous aggressive nature under control. He also considered that the patient was very anxious and that it, was this anxiety which was causing his aggression.

However as the Tribunal pointed out when considering whether the particulars in paragraph 1 of the amended complaint had been proved, it does not accept that Dr. Ivanov in fact prescribed rohypnol for patient K for such purpose but instead is satisfied that he prescribed it to patient K on request and without exercising medical judgment. To prescribe rohypnol on request from a patient without exercising medical judgment was not prescribing it for a purpose in accordance with recognised therapeutic standards of what was medically appropriate. Thus the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient K.

"Furthermore even if the Tribunal had accepted that Dr. Ivanov prescribed the rohypnol for patient K for the purpose he claimed, the Tribunal would still have considered that he had prescribed it for a purpose not in accordance with recognised therapeutic standards of what was medically appropriate for the same reasons as those given in relation to patient J.

Thus for those two alternative reasons the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patient K.

Hence the Tribunal is satisfied that the particulars in paragraph 3 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, I, J and K but not in relation to patient H.

#### **Particular 4.**

The particulars in paragraph 4 of the amended complaint are:- *The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets alone or in combination with another benzodiazepine, on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" ; "B", "C", "D", "E", "F" UG" ; RH", "1", "J" and "K", when he knew or ought to have known that the substances so prescribed were being or were likely to be abused.*

It seems to the Tribunal that in determining whether the particulars contained in paragraph 4 of the amended complaint have been proved it needs to consider each patient separately bearing in mind that the recognised therapeutic use of rohypnol is for treatment of severe cases of insomnia and perhaps anxiety causing the patient unacceptable distress, that the length of treatment should be 2 to 4 weeks unless it is being given as part of a rohypnol withdrawal program, that the recommended dose is 1 to 2 mgs per day and 0.5 to 1 mgs per day for elderly or debilitated patients and that rohypnol is a valuable street drug because of *its* capacity to potentiate the effects of heroin, cocaine and narcotic analgesics.

#### **Re Patient A.**

Dr. Ivanov first saw patient A at Edward Eager Lodge which is a refuge for homeless people. At the time he first prescribed rohypnol for him he knew that patient A had a history of violence having spent over three years in Goulburn gaol for violent assaults. He had also been told that the patient had been given rohypnol in gaol and indeed had been informed that he had taken up to seventy tablets of rohypnol a day whilst in gaol.

Dr. Ivanov was also aware that the patient had had a history of drug abuse since he was 13 years of age. He then proceeded to prescribe rohypnol for patient A on 141 occasions over 2 years and 44 weeks which, in effect,

amounted to prescribing three 2mgs tablets per day ie. three times the recommended daily dose of a drug intended for short term use for 2 to 4 weeks. He also prescribed other benzodiazepines over that period for the patient.

Having regard to those matters the Tribunal is satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal therefore considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient A.

#### Re Patient B.

Dr. Ivanov first saw patient B at Edward Eager Lodge. The patient gave a history of imprisonment at Boggo Road gaol and that he had been receiving prescriptions of rohypnol over the three years since he had left that gaol. He also told Dr. Ivanov that he was on a methadone program. Dr. Ivanov proceeded to prescribe rohypnol for patient B on 34 occasions over 1 year and 26 weeks. He also prescribed other benzodiazepines for patient B over that period.

Having regard to those matters the Tribunal is satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal therefore considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient B.

#### Re Patient C.

Dr. Ivanov first saw patient C at Edward Eager Lodge. She gave a history of heroin use and that her source had dried up. Dr. Ivanov prescribed rohypnol to assist her in withdrawal from heroin. He noticed that she had scars on her wrists indicative of a previous suicide attempt. Patient C was in fact on a methadone program but Dr. Ivanov did not make any attempt to ascertain this from the relevant authorities and prescribed rohypnol for her on 10 occasions over a 21 week period with each prescription being for 25 tablets of 2 mgs.

Having regard to those matters the Tribunal is satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal therefore considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient C.

#### Re Patient D.

Dr. Ivanov first saw patient D at Edward Eager Lodge. The patient gave a history of drug abuse since he was 14 years but Dr. Ivanov made no enquiries to ascertain whether he was on a methadone program and prescribed rohypnol for him on 15 occasions over 33 weeks each prescription being for 25 tablets of 2mgs. He also prescribed other benzodiazepines for the patient during that period.

Once again having regard to those matters the Tribunal is satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient D.

#### Re Patient E.

Dr. Ivanov first saw patient E at Edward Eager Lodge. The patient informed Dr. Ivanov that he had been a patient of Professor Penny at St Vincent's Hospital for systemic lupus erthematosus (SLE) since 1985 but the doctor did not obtain drug, alcohol or psychiatric histories from the patient. Although the doctor made some enquiries of the hospital he did not become aware of the full contents of the patient's notes which would have revealed that the patient had a problem with chronic alcoholism and poly-drug abuse with secondary organic brain syndrome manifested by personality disorder and hallucinations plus drug withdrawal fits.

Dr. Ivanov prescribed rohypnol for patient E on 15 occasions over 23 weeks with each prescription being for 25 tablets of 2 mgs. He also prescribed other benzodiazepines for the patient over that period.

Having regard to those matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient E.

#### Re Patient F.

Patient F was different from the other patients the subject of the amended complaint in that he did not consult Dr. Ivanov at Edward Eager Lodge.

Dr. Ivanov obtained a full drug history of the patient and was aware that patient F had been an intravenous drug user and was on a methadone program. Dr. Ivanov prescribed rohypnol for the patient's insomnia and anxiety because the patient said rohypnol had been effective for him in the

past. He also prescribed rohypnol in combination with rivotril for the patient. In all Dr. Ivanov prescribed rohypnol for the patient on 103 occasions over 2 years and 27 weeks with each prescription being for 25 tablets of 2mgs. He also prescribed other benzodiazepines for the patient between 12 August 1992 and 19 January 1995.

Having regard to those matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient F.

#### Re Patient G.

When patient G consulted Dr. Ivanov on 23 June 1993 at the Edward Eager Lodge he told the doctor, who knew that the patient had used heroin in the past, that, unless he was prescribed rohypnol, he would go back and use heroin.

Dr. Ivanov then prescribed rohypnol for patient G on 49 occasions over a period of 1 year and 12 weeks with each prescription being for 25 tablets of 2mgs in addition to prescribing other benzodiazepines for the patient during that period.

Having regard to those matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient G.

#### Re Patient H.

In relation to patient H who Dr. Ivanov saw at the Edward Eager Lodge on 23 June 1993 the doctor prescribed 25 tablets of rohypnol for the patient over two weeks. On 7 July 1993 after such two weeks had expired he then prescribed a further 25 tablets but told the patient there would be no further prescriptions until he went to the Drug and Alcohol Clinic at St. Vincent's Hospital. Having regard to the fact that the quantities and period over which Dr. Ivanov had prescribed rohypnol for patient H up to and including 7 July 1993 do not appear to have been in excess of the generally recognized therapeutic standards the Tribunal is not satisfied that Dr. Ivanov up to 7 July either knew or ought to have known that the rohypnol he had prescribed was being or was likely to be abused.

thereafter, on 14 July 1993, Dr. Ivanov did prescribe quantities of rohypnol in excess of the generally recognised therapeutic standards and in circumstances where he ought to have known that the drug was likely to be abused. However, as stated previously, the Tribunal considers that he did so on only one occasion and then because of physical threats made to him. In those circumstances the Tribunal is not satisfied that the prescriptions were issued in the exercise of the doctor's free will and therefore that the particulars in paragraph 4 of the amended complaint have been established in relation to patient H.

#### Re Patient I.

Dr. Ivanov started prescribing rohypnol for patient I on 8 July 1992 and continued doing so until 14 June 1995 which is 2 years and approximately 49 weeks. During that period he prescribed 25 tablets of rohypnol on 65 occasions as well as 25 tablets of murelax on 86 occasions, 24 tablets of serapax on 8 occasions and 50 tablets of valium on 4 occasions. He also prescribed various other drugs which are set out in schedule I.

At the time he commenced to prescribe the rohypnol he was aware that the patient was on a methadone program.

Having regard to those matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient I.

#### Re Patient J.

Dr. Ivanov first prescribed rohypnol for this patient on 13 October 1993 at the Edward Eager Lodge and continued prescribing that drug for him until 15 December 1993.

At the time he first prescribed rohypnol for the patient Dr. Ivanov knew he was on a methadone program and that he had a history of violence.

Having regard to those matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient J.

### Re Patient K.

Dr. Ivanov first prescribed rohypnol for this patient at the Edward Eager Lodge on 6 October 1992. Thereafter until 17 June 1993 which is approximately 37 weeks he prescribed rohypnol for patient K on a further 12 occasions.

Dr. Ivanov was aware that the patient had a long history of addiction to prohibited substances and prescribed the rohypnol to keep the patient's dangerous aggressive nature under control.

In addition to prescribing rohypnol for patient K Dr. Ivanov also prescribed other benzodiazepines for the patient such as valium, serapax, murelax and rivotril and some of these benzodiazepines were prescribed in combination on the same day.

Having regard to these matters the Tribunal is once again satisfied that Dr. Ivanov either knew or ought to have known that the rohypnol he was prescribing was being or was likely to be abused.

The Tribunal thus considers that the particulars in paragraph 4 of the amended complaint have been proved in relation to patient K.

Hence the Tribunal is satisfied that the particulars in paragraph 4 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G,1,J and K but not in relation to patient H.

### **Particular 5.**

*The particulars in paragraph 5 of the amended complaint are:-The practitioner issued prescriptions for flunitrazepam, commonly known as Rohypnol tablets alone or in combination with another benzodiazepine and/or codeine on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "A" "B", "C"; "D"; "E", "F", "I", and "K"; to persons he knew or ought to have known were addicts who were receiving treatment on a methadone programme without proper consultation with the medical practitioner responsible for that person's therapy.*

Patients on a methadone program are receiving treatment for drug addiction, usually of heroin. Methadone prescribers are authorised by the Department of Health to supply methadone, which is an opiate drug, to specific patients. The methadone is administered orally on the dispensing premises as a substitute for the drug of addiction. The administration is under close supervision and there is detailed monitoring of the patient's drug usage

through urine sampling and personal assessment to monitor the effectiveness of the therapy.

Rohypnol potentiates (ie. increases or adds to ) the effect of methadone. The Tribunal accepts the evidence of Dr. Seidler ( see for example, Exhibit B17 page 7 ), that the administration of rohypnol to a person on a methadone program is absolutely contra indicated except where the patient is an in patient in an appropriate drug and alcohol facility.

Any registered medical practitioner in N.S.W. is, and at all material times has been, able easily to ascertain whether a person is on a methadone program and, if so, the name of his or her methadone provider by telephoning the Pharmaceutical Branch of the Department of Health on a specially established hot line.

Having regard to the foregoing the Tribunal considers that, where a medical practitioner is aware, or ought to be aware, that a patient is receiving treatment on a methadone program, it is incumbent upon the practitioner to contact the patient's methadone provider before prescribing known drugs of abuse such as rohypnol and rivotril to such patients. The specialist drug and alcohol practitioner providing the methadone should be informed of the precise details of any proposed prescription of drugs which may interfere with the patient's methadone therapy and in general, unless agreement with that specialist can be reached as to prescription of the drugs and the quantities to be prescribed, the drugs should not be prescribed.

No doubt there will be exceptional cases where, notwithstanding the lack of agreement with the methadone provider, the other medical practitioner will nevertheless still prescribe the proposed drugs but these cases will be very rare and for peculiar medical reasons. Furthermore, even in those cases, the medical practitioner intending to so prescribe should inform the methadone prescriber of the precise prescription he intends to give and the period over which he or she intends to prescribe so as to enable the methadone provider to adjust the methadone treatment if he or she considers it necessary.

In the present matter Dr. Ivanov knew that patients B, F and I were on a methadone program. In relation to patient B he knew he was receiving methadone from the Langton Clinic but made no enquiry concerning the patient at that clinic and made no attempt to consult with his methadone provider (14 May 1998 Page 72 lines 20 to 32). In relation to patient F although Dr. Ivanov knew the patient was on a methadone program he did not enquire of the patient who his methadone provider was ( 15 May 1998 page 25 line 52 ), and when eventually he was told by the patient it was Dr. Freed he did not consult with that doctor (15 May 1998 page 24 line 57 to page 25 line 2). In relation to patient I Dr. Ivanov knew that the patient's methadone provider was Dr. Gary Swift (15 May 1998 page 57 line 47) but did not consult that doctor specifically regarding patient I (15 May 1998 page 58 lines 38 to 55).

Patients A, C, D, E, and K were each on a methadone program for at least part of the period during which Dr. Ivanov was prescribing rohypnol for each of them (See Exhibit C). In relation to patients D, E and K no enquiry was made of the Pharmaceutical Branch as to whether the particular patient was on a methadone program. As to patient C, Dr. Ivanov initially was unaware that the patient was on such a program but on becoming so aware would appear from the evidence not to have made any enquiry of the methadone provider. As to patient A, Dr Ivanov was not aware that he was on a methadone program (see Exhibit B (2 ) page 7), and thus it can be safely concluded that he made no enquiry of the Pharmaceutical Branch to attempt to ascertain that fact.

The Tribunal is of the opinion that, having regard to the circumstances in which Dr. Ivanov saw patients A, C, D, E and K and the facts in relation to each patient set out previously in these reasons when dealing with the particulars in paragraph 1 of the amended complaint, Dr. Ivanov should have ascertained whether those patients were on a methadone program.

The Tribunal is further of the opinion that Dr. Ivanov should not have prescribed rohypnol for any of those patients or for patients B, F and I, who he knew were on a methadone program, without proper consultation with the methadone provider of each patient especially in combination with the other benzodiazepines and codeine as set out in the relevant schedules.

The Tribunal is satisfied that in fact Dr. Ivanov did prescribe rohypnol in combination with other benzodiazepines and codeine as set forth in the relevant schedules, without proper consultation with the methadone provider of each patient.

Accordingly the Tribunal is satisfied that the particulars in paragraph 5 of the amended complaint have been proved.

In coming to that conclusion the Tribunal has not overlooked the evidence that Dr. Ivanov on some occasions did speak to the methadone providers of patients who he knew were on a methadone program (See for example - Exhibit 2 paragraph 4, and 5 (b) (l) and transcript 14 May 1998 page 7 line 55 to page 11, line 5). However after a careful examination of that evidence the Tribunal considers that whilst Dr. Ivanov may on occasions have spoken to certain methadone providers about possible prescription of benzodiazepines, he did not specifically inform each provider of the particular patient for whom he was intending to prescribe benzodiazepines, the specific benzodiazepine he was intending to prescribe, the intended dose and the intended period over which such drug would be prescribed. Without that information being provided the Tribunal considers that the conversations which Dr. Ivanov had cannot properly be viewed as constituting proper consultations with those methadone providers in relation to specific patients.

## **Particular 6.**

The particulars in paragraph 6 of the amended complaint are:-*The practitioner issued prescriptions for clonazepam, commonly known as Rivotril tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "F", "G", and UK" without exercising responsible medical judgment as to whether it was appropriate to issue such prescriptions.*

As mentioned previously the only recognised therapeutic use of rivotril is for appropriately diagnosed epilepsy and then not as first line drug. Rivotril potentiates the effects of heroin, methadone, narcotic analgesics and alcohol and should not be prescribed for persons with a history of drug or alcohol abuse.

Also as stated previously the Tribunal is satisfied that Dr. Ivanov issued prescriptions for the medications in the annexed schedules on the dates, to the persons and in the quantities shown in those schedules with respect to patients F, G and K.

### Re Patient F.

Dr. Ivanov prescribed 200 tablets of rivotril for patient F on each of 12 August 1992, 10 November 1994, 21 December 1994 and 19 January 1995. On each date other than 21 December 1994 he also prescribed 25 tablets of rohypnol for the same patient.

Dr. Ivanov said in evidence that he prescribed rivotril for patient F because the patient had found it to be a better anti-anxiety agent than rohypnol the patient having been given rivotril many times in the past in St. Vincent's Hospital (15 May 1998 page 35 lines 26 to 37). However when the doctor was interviewed by Mr. Thomson on 8 August 1995 he said that he had prescribed rivotril on 20 January 1995 for patient F because the patient had requested it.

Subsequently, in the same interview, after Mr. Thomson had pointed out that rivotril was only available for prescription under the National Health Scheme for epilepsy, Dr. Ivanov went on to say that patient F had told him that if he reduced his dose of rohypnol he had fits. (see Exhibit B (3) page 4).

When the possible inconsistency between his evidence before the Tribunal and his answers to Mr. Thomson was pointed out to him in cross examination Dr. Ivanov said that both answers were correct. The Tribunal understood the doctor to be saying that he prescribed rivotril for patient F partly as treatment for his anxiety and partly on the patient's request to treat the fits he had when his rohypnol was reduced. (See 15 May 1998 pages 35 and 36).

Furthermore Dr. Ivanov claimed that he had prescribed both rohypnol and rivotril at the same time to enhance the treatment of patient F's anxiety ( 15 May 1998 page 37). He knew at the time that it was impermissible to prescribe rivotril for that purpose under the pharmaceutical benefit scheme but nevertheless did so (15 May 1998 page 38).

Having regard to the foregoing and accepting that Dr. Ivanov prescribed the rivotril for the reasons he gave, the Tribunal is satisfied that that the prescriptions of rivotril for patient F in combination with the other drugs set out on schedule F were made without exercising responsible medical judgment. The Tribunal has come to this decision for the following reasons:

- a. Dr. Ivanov knew that the patient had abused drugs intravenously in the past and was currently on a methadone program. The Tribunal considers that it was totally inappropriate to prescribe rivotril for such a patient and especially when the patient suggested the medication;
- b. Dr. Ivanov prescribed rivotril and the other benzodiazepines knowing that the patient was on a methadone program yet made no enquiry of the methadone provider and did not seek to liaise with him in the treatment of the patient;
- c. The prescription of such a large number of rivotril tablets (viz. 200 on each occasion ), to a patient who has exhibited benzodiazepine addiction ( note that he was prescribed, inter alia, rohypnol on 104 occasions over 131 weeks ) was totally inappropriate and represented a potentially fatal overdose (see Dr. Seidler Exhibit B 17 page 4 para 1(d);
- d. Dr. Ivanov prescribed rivotril partly to treat anxiety which is riot a recognised therapeutic use of that drug and furthermore prescribed it for that condition under the pharmaceutical benefits scheme knowing it was not permissible under that scheme to prescribe rivotril for that purpose;
- e. Dr. Ivanov prescribed rivotril partly to treat the fits which patient F claimed to have when he reduced his rohypnol. The Tribunal accepts the evidence of Dr. Seidler ( See Exhibit B (17) page 6 para. 4 (b) ) and is satisfied that it is entirely inappropriate to treat a person who is having fits caused by withdrawal from a benzodiazepine by prescribing rivotril except under the constant supervision of a drug and alcohol specialist or a neurologist and in a controlled environment such as detoxification centre or hospital: and
- f. Dr. Ivanov prescribed rivotril in combination with rohypnol which, in the Tribunal's judgment, is completely inappropriate especially in an uncontrolled environment.

Furthermore the Tribunal does not accept Dr. Ivanov's claim that he prescribed rivotril to patient F partly to treat his anxiety and partly to treat fits the patient claimed he suffered when he reduced his dosage of rohypnol. Instead the Tribunal is satisfied that Dr. Ivanov prescribed rivotril for patient F

on request. The Tribunal considers that Dr. Ivanov when faced with a patient suffering from AIDS and /or hepatitis C, such as patient F, regarded such person's condition as being so serious that he simply prescribed rivotril for such person on request.

The Tribunal has come to that determination for three reasons. First, Dr. Ivanov revealed himself to be generally well informed as to benzodiazepines and the Tribunal cannot accept that such a medical practitioner would prescribe rivotril for such a totally inappropriate patient if he really was exercising any medical judgment. Secondly, Dr. Ivanov when asked by Mr. Thomson on 8 August 1995 specifically said that he prescribed rivotril for patient F on 20 January 1995 because the patient requested it. He did not mention epilepsy or fitting until Mr. Thomson pointed out that rivotril was only available for epilepsy under the National Health Scheme as a pharmaceutical benefit. Finally, the Tribunal was most unimpressed with Dr. Ivanov whilst he was giving his evidence both generally and in relation to this matter in particular. It seemed to the Tribunal that when asked why he had prescribed the rivotril to patient F the doctor was making it up as he went along.

Of course to prescribe rivotril for a patient simply on request even one suffering from AIDS and hepatitis C would be to prescribe it without exercising responsible medical judgment.

Accordingly, for each of the two abovementioned alternative sets of reasons the Tribunal is satisfied that the particulars in paragraph 6 of the amended complaint have been proved in relation to patient F.

#### Re Patient G.

Dr. Ivanov prescribed 200 tablets of rivotril for patient G on 7 September 1994. He also prescribed 25 rohypnol tablets for that patient on the same date.

Dr. Ivanov saw patient G at Edward Eager Lodge and was aware that he had been a heroin user in the past.

In his statement Exhibit 2 page 9 Dr. Ivanov claims that he gave patient G rivotril in an attempt to further wean him off rohypnol.

The Tribunal is satisfied that the prescription of rivotril to patient G was made without exercising responsible medical judgment as to whether it was appropriate to issue such a prescription. It has come to such determination for the following reasons:

- a. Patient G was known to Dr. Ivanov to have a history of drug abuse. Furthermore the doctor had been prescribing rohypnol for the patient because the patient had said he would go back and use heroin if he was

not prescribed such rohypnol. It was therefore completely inappropriate to prescribe rivotril for such a patient;

- b. The only recognised therapeutic use for rivotril is in the treatment of epilepsy. It was therefore inappropriate to prescribe rivotril in order to attempt to wean patient G off rohypnol; and
- c. the prescription of such a large number of rivotril tablets (viz. 200), to a patient who has exhibited benzodiazepine addiction ( note that he had been prescribed inter alia rohypnol on 49 occasions over the previous 63 weeks ) was totally inappropriate and represented a potentially fatal overdose (see Dr. Seidler Exhibit B 17 page 4 para 1(d)).

Accordingly the Tribunal is satisfied that the particulars in paragraph 6 of the amended complaint have been proved in relation to patient G.

### Re Patient K.

Dr. Ivanov prescribed 200 tablets of rivotril for patient K on 10 occasions between 13 January 1993 and 20 October 1994. On 6 of those occasions he prescribed another benzodiazepine at the same time as he issued the prescription for rivotril.

Dr. Ivanov knew patient K had a long history of drug abuse but was unaware that he was on a methadone program as the patient had denied that he was on such program when the doctor asked him.

In his statement Exhibit 2 page 15 Dr. Ivanov claimed that he originally prescribed rohypnol to patient K to keep his dangerous aggressive nature under control. He further said that in 1994 the patient asked for something to stop the fits as he had had a bad dose of heroin and that he (Dr. Ivanov) had then periodically prescribed rivotril as treatment. In his oral evidence Dr. Ivanov said the rohypnol was changed to rivotril when the patient was about to become a father and that the rivotril was more calming (15 May 1998 page 77 lines 50 to 60 ). On the other hand when Dr. Ivanov was spoken to by Mr. Thomson on 8 August 1995 he said that he had prescribed rivotril to patient K on 6 January 1994 because the patient said he had used it before and requested it ( Exhibit B (3) page 2).

The Tribunal is not satisfied that Dr. Ivanov prescribed rivotril to stop patient K fitting, nor to calm his aggressive nature, rather it considers that, as with the prescription of rohypnol to patient K, ( See reasons re paragraph 1 of the particulars), Dr. Ivanov simply prescribed rivotril because patient K requested it. To prescribe rivotril on that basis is to prescribe it without exercising responsible medical judgment and the Tribunal therefore finds that the particulars in paragraph 6 of the amended complaint have been proved in relation to patient K.

However if contrary to the judgment of the Tribunal Dr. Ivanov did prescribe rivotril either to treat patient K `s fitting following heroin use or in effect as a sedative to calm his aggressive nature then the Tribunal would still be satisfied that the rivotril was prescribed without exercising responsible medical judgment for the following reasons:- -

- a. As a known drug abuser rivotril should not have been prescribed for patient K;
- b. Patient K was on a methadone program and therefore should not have been prescribed rivotril. Whilst Dr. Ivanov did not know that the patient was on such program, he made no attempt to check the patient's denial by using the Department of Health's hot line and, in the Tribunal's opinion, given his knowledge of patient K's drug history, he should have done so before prescribing rivotril;
- c. The only recognised therapeutic use of rivotril is in relation to the treatment of epilepsy and thus its use as a sedative or calming agent is not appropriate nor is its use to treat fitting resulting from heroin use except perhaps under constant specialist supervision in a detoxification centre; and
- d. The prescription of such large numbers of rivotril tablets (viz. 200 per prescription ), to a patient who has exhibited benzodiazepine addiction (note that he had been prescribed repeated large doses of rohypnol, murelax, serapax, and valium over the previous 2 years) was totally inappropriate and represented a potentially fatal overdose (see Dr. Seidler Exhibit B 17 page 4 para 1(d)).

Thus the Tribunal is also satisfied on this alternative set of reasons that the particulars in paragraph 6 of the amended complaint have been proved in relation to patient K.

#### **Particular 7.**

The particulars in paragraph 7 of the amended complaint are:-*The practitioner issued prescriptions for clonazepam, commonly known as Rivotril tablets on the dates, to the persons and in the quantities shown in the Schedules annexed hereto and marked with the letters "F", "G; and "K" for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate.*

As the Tribunal has set out in its reasons for finding the particulars in paragraph 6 of the amended complaint proved, the Tribunal is satisfied that:-

- a. Dr. Ivanov prescribed rivotril for patients F and K on request; and
- b. The purpose for which Dr. Ivanov prescribed rivotril for patient G was to wean the patient off rohypnol.

The only recognised therapeutic use of rivotril is for the treatment of appropriately diagnosed epilepsy. It follows that as Dr. Ivanov did not prescribe rivotril for that purpose the Tribunal is satisfied that he prescribed it for a purpose not in accordance with recognised therapeutic standards of what is medically appropriate.

Moreover even if, contrary to the Tribunal's judgment, Dr. Ivanov prescribed the rivotril for patient F for the purposes he claimed (viz. to treat the patient's anxiety and to treat the patient's fits when his rohypnol was reduced), the Tribunal would still not accept that those purposes were in accordance with recognised therapeutic standards of what is medically appropriate. The Tribunal has come to that decision because it is satisfied that if rivotril is to be prescribed for the purpose of controlling the fitting of a patient attempting to reduce his dependence on another benzodiazepine such as rohypnol, it should only be prescribed after a considered diagnosis and under the supervision of an appropriate specialist in a controlled environment such as a detoxification centre (see Dr. Seidler Exhibit B 17 page 6). In the Tribunal's judgment to prescribe it for that purpose but not after a considered diagnosis, under such supervision and in such a controlled environment, as Dr. Ivanov did, is not to prescribe the drug for a purpose in accordance with the recognised therapeutic standards of what is medically appropriate.

Similarly if, contrary to the Tribunal's judgment, Dr. Ivanov prescribed rivotril for patient K for the purpose he claimed (viz. to calm his aggressive nature and to treat the fits he was having following a bad dose of heroin), the Tribunal would still not accept that those purposes were in accordance with therapeutic standards of what is medically appropriate. The Tribunal's reasons for coming to that decision are the same as those it has just given in relation to patient F. Further the Tribunal wishes to make it quite clear that it does not regard the prescription of rivotril for the treatment of anxiety or to calm an aggressive nature as being for a purpose which is in accordance with recognised therapeutic standards of what is medically appropriate.

For the foregoing reasons the Tribunal is satisfied that the particulars in paragraph 7 of the amended complaint have been proved.

#### **Particular 8.**

The particulars contained in paragraph 8 of the amended complaint are:-*The practitioner prescribed the drug codeine in the preparations Codral Forte and*

*Panadeine Forte on the dates, to the person and in the quantities shown in the Schedule annexed hereto and marked with the letter "I" without exercising responsible medical judgment.*

The Tribunal accepts that Dr. Ivanov prescribed for patient I the drugs on the dates *and* in the quantities set forth in schedule I.

Hence the Tribunal is satisfied that between 8 July 1992 and 31 May 1995 Dr. Ivanov prescribed 20 tablets of codral forte to patient I on 56 occasions and in addition prescribed 20 tablets of panadeine forte to her on 2 occasions.

Dr. Ivanov was aware that patient I was on a methadone program and that her methadone provider was Dr. Gary Swift.

The Tribunal is satisfied that Dr. Ivanov in prescribing the quantities of codral forte and panadeine forte which he did to patient I did so without exercising responsible medical judgment. It has come to this determination because in the Tribunal's judgment it was totally inappropriate to prescribe codeine for patient I whilst she was on a methadone program. If additional pain relief was required she should have been referred back to her methadone provider for an increase in her methadone dose ( see Dr. Seidler Exhibit B 17 pages 8 and 9 ).

Furthermore Dr. Ivanov was fully aware whilst he was prescribing the codral forte and panadeine forte for patient I that he was also prescribing benzodiazepines for the same patient over the same period and that the patient was on a methadone program. This combination of benzodiazepines, compound analgesics containing codeine phosphate (ie. codral forte and panadeine forte) and methadone was hazardous.

Accordingly the Tribunal is satisfied that the particulars in paragraph 8 of the amended complaint have been proved.

#### **Particular 9.**

The particulars contained in paragraph 9 of the amended complaint are:- *In a letter to Inspector John Thommeny, dated 6 April 1995, the practitioner provided information to the NSW State Coroner that was false or misleading in that he failed to inform the Coroner that he had issued a prescription to [the patient referred to in Schedule G] on 7 September 1994 for 200 Rivotril 2mg tablets.*

The Tribunal is satisfied that Dr. Ivanov prescribed the drugs for patient G on the dates and in the quantities set forth in schedule G. Patient G died between 7.30 pm on 20 October 1995 and 6 am on 21 October 1995 ( see Exhibit B (7) ).

Inspector J. W. Thommeny, who was the police officer in charge of the investigation into patient G's death, became aware that the patient had been seeing Dr. Ivanov at Edward Eager Lodge. He therefore spoke with Dr. Ivanov and requested details in relation to the times and dates of the visits patient G had made to the doctor, the reasons for the patient's attendance and details of the medication and other treatment Dr. Ivanov had supplied. In January or February 1995 Inspector Thommeny told Dr. Ivanov that the coroner was awaiting a statement from him and that if the doctor supplied a written statement to the inspector he would forward it to the coroner (See Exhibit B (6)).

In response to that request Dr. Ivanov sent a letter dated 6 April 1995 to Inspector Thommeny. Such letter was in the following terms:

*"I would be able to advise the Coroner the following:  
RE: [Patient GI PM 94/2190 (cc)]*

*I attend the Edward Eager Lodge of a Wednesday afternoon to see those living there who need medical attention.*

*[Patient G] attended from 7/7/93 to 7/19/94 on a weekly, fortnightly or monthly basis. On each occasion he was given a prescription for 25 rohypnol tablets.*

*He did say that whilst he had these tablets he was able to stay off Heroin.*

*Throughout 1994 he was pressed to attend a Drug & Alcohol Clinic. From June to September after he stated he had previously attended a Dr Ian Pettit, Psychiatrist, of Kingsford he was given a monthly referral to Dr. Pettit. On the visit of 7/9/94 / requested him not to return until he had attended Dr. Pettit (See Exhibit B (4)).*

It is quite apparent that such letter did not disclose that Dr. Ivanov had prescribed 200 2mgs tablets of rivotril to patient G on 7 September 1994. Dr Ivanov claimed that this was simply a mistake he made in reading his records and that he never had any intention of misleading the coroner (see Exhibit 2 page 18).

It was submitted on behalf of the complainant that the Tribunal would not accept Dr. Ivanov's explanation because:

1. Dr. Ivanov, when asked by Mr. Thomson on 8 August 1995 to explain the letter he wrote to Inspector Thommeny, said that the police officer had only requested information in relation to his prescription of rohypnol for patient G for the period stated (Exhibit B (3) page 4) and only changed his explanation in his letter of 15 May 1996 to the solicitor for the complainant

( Exhibit B (15) after Inspector Thommeny had made his statement of 6 September 1995. (See also the cross examination of Dr. Ivanov at 15 May 1998 page 40); and

2. There were other significant omissions from Dr. Ivanov's letter of 6 April 1995 which make his simply having made a mistake an untenable explanation viz. he failed to advise the coroner that he had on three occasions prescribed 25 tablets of rohypnol for patient G more often than weekly, that he had commenced prescribing rohypnol for patient G on 23 June 1993 and finished on 14 September 1994 rather than the dates he stated in his letter and that he had on two occasions prescribed another benzodiazepine as well as rohypnol for patient G.

Although there is some strength in the argument of the complainant, the Tribunal does accept the explanation given by Dr. Ivanov for the failure in his letter to inform the coroner of his prescription of rivotril to patient G on 7 September 1994, viz. that when preparing the letter to Inspector Thommeny he made a mistake in checking his records.

It has come to this conclusion because having heard Dr. Ivanov's description of his method of keeping records and having viewed the copy he retained of actual prescription involved it considers that a mistake such as that referred to by Dr. Ivanov could easily have occurred.

Thus the Tribunal is satisfied that, whilst the relevant letter was misleading in that it failed to inform the coroner that Dr. Ivanov had issued a prescription to patient G on 7 September 1995 for 200 Rivotril 2 mgs tablets, Dr. Ivanov did not intend to mislead the coroner. Similarly the Tribunal is not satisfied that in writing the letter Dr. Ivanov was reckless as to its contents.

Accordingly, in the Tribunal's judgment, the particulars in paragraph 9 of the amended complaint have been proved, but the Tribunal is further of the opinion that Dr. Ivanov did not intend to supply misleading information to the coroner and that, in supplying the misleading information he did, Dr. Ivanov was not reckless but simply made a mistake.

#### **Particular 10.**

The particulars in paragraph 10 of the amended complaint are:- *The practitioner failed to maintain a drug register in accordance with the regulations made under the Poisons Act 1966 in relation to his receipt and supply of the drug Pentazocine.*

This paragraph of the amended complaint was admitted in the written submissions made on behalf of Dr. Ivanov.

However leaving such admission aside it is plain Dr. Ivanov was required by the Poisons Act 1966 and the Poisons Regulations 1994 to maintain a drug register in relation to his receipt and supply of the drug pentazocine. Further he told Mr. Thomson on 8 June 1995 that he didn't keep a drug register and that he had purchased fortral (which is a trade name for pentazocine ) and had given it to three patients. (See Exhibit B (2) pages 23 and 24). Moreover it is clear from Exhibit V that Dr. Ivanov purchased 10 boxes of fortral with 5 ampoules in each box between the fourteenth week of 1994 and the seventh week of 1995. When he was asked about this in cross examination on 24 August 1998 Dr. Ivanov agreed that he had obtained such fortral and had supplied it to two patients. He further agreed that he had not kept a drug register.

The Tribunal is therefore satisfied both from the admission made in the written submissions made on Dr. Ivanov's behalf and independently of such admission that the particulars in paragraph 10 of the amended complaint have been proved.

#### **Particular 11.**

The particulars in paragraph 11 of the amended complaint are:-*The practitioner failed to maintain adequate medical records in relation to the patients referred to in the Schedules annexed hereto and marked with the letters "A , "B" "C" "D" ; "E" ; "F"; "G"; "H", "I"; "J" and "K".*

Dr. Ivanov kept no cards in respect of individual patients at the relevant time.

In his oral evidence and in his statement Exhibit 2 pages 16 and 17 the doctor claimed that his recording system was as follows:

When a patient consulted him the doctor would take down the patient's history on page 3 of a prescription pad. He did this pressing lightly on the page with the result that his notes did not come out via the carbon onto page 4 of such pad. If drugs were necessary the doctor wrote a prescription on page 1 of the prescription pad which prescription was also reproduced by carbon onto pages 2 and 4 of such pad. The patient would take pages 1 and 2 as his prescription and the doctor would be left with page 3 being a copy of his notes and page 4 being a copy of his prescription. The doctor then stored the prescription pads containing pages 3 and 4 in boxes in his house.

In addition as part of the Medicare procedure each patient after every consultation signed a receipt. The receipt form consisted of an original and two copies. Of the three documents thus created after each consultation one was retained by the patient, one was sent by the doctor to Medicare and the other was retained by the doctor. Dr. Ivanov had the practice of collecting the copies of the receipts to be retained by him in bundles of 50. He would then make a list noting the patient, the date of the consultation, the degree of the consultation (if appropriate) and store the bundle of 50 receipts in boxes in his house.

In the Tribunal's judgment the keeping of appropriate medical records in relation to individual patients is an essential part of the proper practice of medicine. There are many reasons for this but they include:

a. The need for a medical practitioner to have easily available adequate notes to remind him in future consultations of the patient's complaints, the matters noted on examination of the patient, the nature and results of any tests ordered by the practitioner, any diagnosis made by the practitioner, details of any treatment given by the practitioner including any medication prescribed and details of any referrals to any other medical practitioner and the results thereof. This need arises because a practitioner cannot expect to rely solely on his memory- for such details in relation to each patient and indeed in the Tribunal's view it might well be dangerous for the patient if the medical practitioner attempted to do so;

b. The need for other practitioners to know the patient's complaints and the action taken by the doctor in relation to them in the event that a locum is retained or the medical practitioner is himself unable by death or misadventure or any other reason to continue to treat the patient and another practitioner assumes such treatment;

c. The need to be able to provide to any person having a legitimate reason for enquiring (such as the coroner, the Medicare authorities or another medical practitioner whom the patient has consulted), accurate precise details of any treatment he has given to the patient and the need therefore; and

d. The need to be able to provide an accurate medical history of the patient to any specialist to whom the patient may be subsequently referred.

The Tribunal is conscious that the extent of any medical records kept will to some degree vary from practitioner to practitioner and even with the same practitioner from patient to patient. However it is quite satisfied that there is a recognised minimum standard within the medical profession in relation to the maintenance of medical records concerning patients. ( See the opinions of Dr. Seidler Exhibit B (17) page 9 and Dr. Chung Exhibit B (18) page 8).

Having regard to the material presented to it, the Tribunal does not accept that Dr. Ivanov wrote the history of each patient in schedules A,B,C,D,E,F,G,H,I,J and K on page 3 of his prescription pad on each, (or even the first), occasion that the relevant patient consulted him.

However, even accepting that he did so, and kept the other records in the manner referred to above, the Tribunal does not regard Dr. Ivanov as having maintained adequate medical records in relation to the patients referred to in the Schedules annexed hereto and marked with the letters "A", "B", "C", "D", "E", "F", "G", "H", "I", "J" and "K" as it considers that he has not complied with

the minimum standards recognised within the medical profession for creating, keeping and maintaining medical records concerning his patients.

The Tribunal has come to that decision for the following reasons:

1. Dr. Ivanov did not maintain a continuous record in relation to his treatment of a particular patient. Thus he did not take a full history when the patient first presented, or indeed any history of substance in the records the Tribunal has examined, and then update that history on each subsequent consultation. Furthermore the doctor did not on each occasion he saw a patient make detailed notes of the patient's complaints, his examination of the patient, any tests he caused to be carried out and the results thereof, any conversation he had with other medical practitioners concerning the patient, any diagnosis he made, and any treatment he gave;

2. Such notes, Medicare forms and copies of prescriptions which Dr. Ivanov did create and retain were totally inadequate to meet the needs referred to above; and

3. The notes, Medicare forms and copies which Dr. Ivanov did create and store were simply stored chronologically and thus were not able to be easily and promptly produced when the patient next consulted the practitioner or when some other need for them to be examined arose. This is demonstrated by Dr. Ivanov's inability to promptly produce them when he was interviewed at his surgery by officers of the Pharmaceutical Branch of the Department of Health on 8 August 1995 (See Exhibit B (3) pages 1 and 2).

The Tribunal is therefore satisfied that the particulars in paragraph 11 of the amended complaint have been proved.

Hence in summary, and quite apart from Dr. Ivanov's admissions in his letter dated 15 May 1996, the Tribunal is satisfied

a. That the particulars in paragraph 1 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, H (but only to the extent of the prescriptions given on 23 June 1993 and 7 July 1993), I, J and K;

b. That the particulars in paragraph 2 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, I, J and K but is not satisfied that such particulars have been proved in relation to patient H;

c. That the particulars in paragraph 3 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, I, J and K but is not satisfied that such particulars have been proved in relation to patient H;

- d. That the particulars in paragraph 4 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, G, I, J and K but is not satisfied that such particulars have been proved in relation to patient H;
- e. That the particulars in paragraph 5 of the amended complaint have been proved in relation to patients A, B, C, D, E, F, I, and K;
- f. That the particulars in paragraph 6 of the amended complaint have been proved in relation to patients F, G and K;
- g. That the particulars in paragraph 7 of the amended complaint have been proved in relation to patients F, G and K;
- h. That the particulars in paragraphs 8, 10 and 11 of the amended complaint have been proved; and
- i. That the particulars in paragraphs 9 of the amended complaint have been proved but Dr. Ivanov did not intend to supply misleading information to the coroner and in supplying the misleading information which he did, Dr. Ivanov was not reckless but simply made a mistake.

On the basis of those findings, which it prefers wherever they are inconsistent with Dr. Ivanov's admissions in his letter of 15 May 1996, the Tribunal turns to determine whether the conduct of Dr. Ivanov constituted unsatisfactory professional conduct within the meaning of section 36 of the Medical Practice Act 1992 as amended.

Section 36, as far as is presently relevant, provides as follows:

**"36.** For the purposes of this Act, unsatisfactory professional conduct of a registered medical practitioner includes each of the following

*Lack of skill etc.*

Any conduct that demonstrates a lack of adequate knowledge, skill, judgment or care, by the practitioner in the practice of medicine.

*Other improper or unethical conduct*

Any other improper or unethical conduct relating to the practice of medicine.

The phrase *"Any other improper or unethical conduct relating to the practice of medicine"* is not defined in the Act. In the Tribunal's judgment, whatever be the true ambit of the phrase, it includes conduct by a medical practitioner in the practice of medicine which "would reasonably incur the strong reprobation of professional brethren of good repute and competence" (See Priestley JA.,

with whom Samuels JA. agreed, in **Qidwai v. Brown** [1984]1 NSWLR 101 at pages 104 and 105 adopting Sugerman J. in **Ex parte Meehan; Re Medical Practitioners Act** [1965] NSW 30 at 35).

In the Tribunal's judgment the particulars of the amended complaint which the Tribunal has found proved constitute, (except for those in paragraph 9 of the amended complaint), both individually and collectively, conduct that demonstrates a lack of adequate knowledge, skill, judgment or care by Dr. Ivanov in the practice of medicine during the period 1 July 1992 to 14 June 1995. In relation to the particulars in such paragraph 9, the Tribunal is satisfied that the relevant conduct, even considering it in combination with the conduct in the other particulars which the Tribunal has found proved, does not demonstrate a lack of adequate knowledge, skill, judgment or care by Dr. Ivanov in the practice of medicine but simply represents a mistake.

The Tribunal is therefore satisfied that Dr. Ivanov is guilty of unsatisfactory professional conduct within the meaning of section 36 of the Medical Practice Act in relation to all the conduct specified in the particulars of the amended complaint which the Tribunal has found proved except for the conduct set forth in paragraph 9 of such particulars.

Furthermore, the Tribunal is also satisfied that the conduct of Dr. Ivanov set forth in such particulars, (again except for those particulars in paragraph 9 of the amended complaint), whether considered individually or collectively, would reasonably incur the strong reprobation of professional brethren of good repute and competence. (See the opinions of Drs. Seidler and Chung in Exhibits B (17) and (18) which opinions the Tribunal accepts). In relation to the particulars in such paragraph 9, the Tribunal is satisfied that the relevant conduct, even considering it in combination with the conduct in the other particulars which the Tribunal has found proved, would not reasonably incur the strong reprobation of professional brethren of good repute and competence.

The Tribunal is therefore also satisfied that Dr. Ivanov is guilty of unsatisfactory professional conduct within the meaning of section 36 of the Medical Practice Act on the basis that his conduct as set forth in the particulars of the amended complaint, other than the conduct referred to in paragraph 9 of such particulars, was improper or unethical conduct relating to the practice of medicine.

In coming to that determination the Tribunal has not overlooked the submission on behalf of Dr. Ivanov that, having regard to the evidence of Dr. Tahmindjis (both oral and in Exhibit 6), there was a respectable, though minority view, in the medical profession between 1 July 1992 and 14 June 1995, that the conduct of Dr. Ivanov in giving the prescriptions he did and his other conduct in relation to such prescriptions, was acceptable and that therefore the Tribunal would not be satisfied that Dr. Ivanov was guilty of unsatisfactory professional conduct (See Hutley JA., with whom Samuels JA. agreed, in **Qidwai v. Brown** at page 102).

However the Tribunal prefers the evidence of Drs. Seidler and Chung to that of Dr. Tahmindjis and is satisfied that there was not a respectable though minority view during the relevant period that would regard the conduct of Dr. Ivanov as acceptable. The Tribunal has reached this conclusion not only because it was generally unimpressed with the views of Dr. Tahmindjis, (who, for example, regarded the complaints concerning the failure by Dr. Ivanov to comply with his legal obligations under the Poisons Act and his failure to keep adequate medical records as "frivolous" (See Exhibit 6 page 6)), but also because of the overwhelming documentary evidence supporting the opinions of Drs. Chung and Dr. Seidler both of whom were very experienced general medical practitioners practising in the inner Sydney area with widespread contact with both drug abusers and persons using homeless refuges.

Amongst this documentary evidence the Tribunal notes the Guidelines for the Prevention and Management of Benzodiazepine Dependence (published by the National Health and Medical Research Council in 1991), Guidelines for the Rational Use of Benzodiazepines (adopted by the Royal Australian College of General Practitioners in February 1993, 2 articles Benzodiazepine Dependence and Psychopathology among Heroin users in Sydney (published by the National Drug and Alcohol Research Centre - University of NSW in 1995 and 1997), MIMS 1992 Annual, Martindale -The Extra Pharmacopoeia 29th edition published 1989, Benzodiazepine Use Among Injecting Heroin Users - article in the Medical Journal of Australia 19 June 1995 and the article by Dr. Malcolm Dobbin Flunitrazepam published in May 1997. These books and articles were Exhibits B (32), B (33), W, B (34), B (19), B (20), AK, and X.

The Tribunal also wishes to point out that it is aware that some of the material to which it has just referred was published during and after the period in respect of which the complaints against Dr. Ivanov are made (viz. 1 July 1992 to 14 June 1995). However when that material is examined it is clear that it is based on other material published before 1 July 1992.

Reliance was placed by the legal representatives of Dr. Ivanov on the article "The Recognition and Management of Patients Seeking Benzodiazepines for Non Medical Purposes" published in September 1993 by the Victorian Medical Postgraduate Foundation Inc. (Exhibit AB) and in particular on the paragraph in the introduction which reads " Many doctors prescribe benzodiazepines in the belief that they are reducing the harm associated with intravenous drug use, but it appears that co-abuse -of benzodiazepines by intravenous drug users is associated with increased rather than reduced harm: several studies consistently demonstrate an increased level of HIV / AIDS risk-taking with regard to needle sharing behaviour in these patients compared to intravenous drug users who do not use benzodiazepines in the UK, USA and Australia.

It was submitted that this showed that during the period of the conduct the subject of the complaint the tide of general medical opinion in relation to the use of benzodiazepines was changing and that Dr. Ivanov's prescriptions were in accordance with the previous practice. Reference was also made to the article Benzodiazepines In Emotional Disorders by Dr. K. Ricketts in the Journal of Psychoactive Drugs 1983 ( Exhibit 7).

The Tribunal accepts that since September 1993 medical practitioners have become more aware of the dangers of benzodiazepines (see Dr. Seidler 18 March 1998 pages 304 -305) and no doubt articles such as Exhibit AB have assisted in that coming about. However the Tribunal considers it quite plain that the dangers of prescribing benzodiazepines to drug abusers were very well known well known prior to that date (as indeed the references in the article Exhibit AB reveal) and the fact that some, or indeed many, doctors through ignorance chose to inappropriately prescribe benzodiazepines to drug abusers does not demonstrate that there was a respectable body of medical opinion in favour of that course. Moreover in New South Wales medical practitioners were being removed from the register in August 1992 for inappropriate prescribing of benzodiazepines as the case of Dr. Huang ( Medical Tribunal 6 August 1992) shows.

Finally the Tribunal wishes to point out that it is not simply the over prescription of benzodiazepines generally which forms the substance of many of the complaints against Dr. Ivanov, but rather it is the prescription of a specific benzodiazepine, rohypnol, which is intended for use over a period of 2- 4 weeks, over many weeks and in some cases years, and the prescription of another specific benzodiazepine, rivotril, which is intended for treatment of diagnosed epilepsy to patients for quite different purposes. None of the literature before the Tribunal supports the proposition that it was appropriate to prescribe rohypnol for the periods, in the quantities or for the purposes which Dr. Ivanov prescribed it. Nor does any of such literature support the prescription of rivotril for the purposes for which Dr. Ivanov prescribed it. In those circumstances the Tribunal is satisfied that there was no respectable although minority view in the medical profession at any time during the period 1 July 1992 to 14 June 1995 that the conduct of Dr. Ivanov was acceptable.

Having determined, that on the findings made by it in relation to the particulars of the amended complaint, Dr. Ivanov was guilty of unsatisfactory professional conduct, the Tribunal next needs to determine whether such conduct by Dr. Ivanov constituted professional misconduct within the meaning of section 37 of the Medical Practice Act 1992 as amended.

Section 37 provides as follows:

" **37.** For the purposes of this Act, "**professional misconduct**" of a registered medical practitioner means unsatisfactory professional conduct of a sufficiently serious nature to justify suspension of the practitioner from practising medicine or the removal of the practitioner's name from the Register."

In **Spicer v. NSW Medical Board** (unreported 19 February 1981) Hope JA. in delivering the judgment of the Court of Appeal said:

*"In my opinion it is clear beyond argument that the proper handling and prescribing of drugs by medical practitioners are of the greatest importance to the community."*

His Honour also said in relation to the medical tribunal whose decision was the subject of the appeal:

*"It expressed a view which is well founded in experience, that serious breaches of the high standard required of the medical profession in its dealing with drugs demonstrates unfitness to be a doctor."*

In **Spicer's Case** Schedule 4 drugs were involved in addition to the drug mandrax. However very similar views were expressed by the Court of Appeal in **Bridge v. Brown** (unreported 17 December 1982) which was solely concerned with the drug mandrax. In the Tribunal's judgment mandrax in 1981 and 1982 was a drug which may properly be regarded as falling into a similar category to rohypnol and rivotril in 1992 to 1995 in terms of its abuse and desirability on the black market. See also the decision of the Medical Tribunal in Dr. D. N. H. Huang ( Unreported 6 August 1992 ) where the prescription of benzodiazepines was involved.

In addition the Tribunal takes a serious view of the failure of Dr. Ivanov to keep adequate medical records as it considers that such failure could very easily jeopardise the health of a patient.


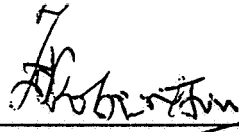
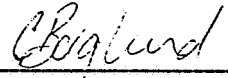
Moreover as the Tribunal has already stated, it is satisfied that the conduct of Dr. Ivanov as specified in the particulars of the amended complaint which the Tribunal has found proved ( other than the conduct in paragraph 9 of such particulars) would reasonably incur the strong reprobation of professional brethren of good repute and competence.

Accordingly, applying those statements of the Court of Appeal, bearing in mind the protection of the public and also having regard to the finding it has already made that the relevant conduct of Dr. Ivanov would reasonably incur the strong reprobation of professional brethren of good repute and competence, the Tribunal is satisfied that the unsatisfactory professional conduct of Dr. Ivanov which it has found proved is of a sufficiently serious nature to justify suspension of Dr. Ivanov from practising medicine or the removal of his name from the Register. Thus the Tribunal is satisfied that the relevant conduct of Dr. Ivanov constituted professional misconduct within the meaning of section 37 of the Medical Practice Act 1992 as amended.

For the foregoing reasons the Tribunal is satisfied that the amended complaint has been proved and that Dr. Aksel Ivanov has been guilty of professional misconduct and unsatisfactory professional conduct within the meaning of sections 36 and 37 of the Medical Practice Act 1992 as amended.

The Tribunal will now hear the parties as to the appropriate orders to be made and as to costs.

Dated:- 12 November 1998

		
<hr/>	<hr/>	<hr/>
Judge W. H. Knight <u>Deputy Chairperson</u>	Dr. T. Robertson <u>Member</u>	Dr. C. Berglund <u>Member</u>

Schedule "A"

Doctor: A Ivanov

Patient: A

A

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
30/07/92	Rohypnol	25
12/08/92	Rohypnol	25
12/08/92	Valium 5mg	50 (R)
19/08/92	Rohypnol	25
19/08/92	Serepax	25 (R)
9/09/92	Rohypnol	25
16/09/92	Rohypnol	25
16/09/92	Serepax	25 (R)
23/09/92	Rohypnol	25
30/09/92	Rohypnol	25
8/10/92	Rohypnol	25
14/10/92	Rohypnol	25
21/10/92	Rohypnol	25
28/10/92	Serepax	25 (R)
28/10/92	Valium 5mg	50 (R)
04/11/92	Rohypnol	25
10/11/92	Rohypnol	25
11/11/92	Rohypnol	25
18/11/92	Rohypnol	25
22/11/93	Rohypnol	25
03/12/92	Rohypnol	25
08/12/92	Rohypnol	25
16/12/92	Rohypnol	25
16/12/92	Doloxene	50 (R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
22/12/92	Rohypnol	25
30/12/92	Rohypnol	25
05/01/93	Rohypnol	25
14/01/93	Rohypnol	25
20/01/93	Rohypnol	25 (R)
27/01/93	Rohypnol	25
2/02/93	Rohypnol	25 (R)
10/02/93	Rohypnol	25
16/02/93	Rohypnol	25
23/02/93	Rohypnol	25 (R)
01/03/93	Rohypnol	25
09/03/93	Rohypnol	25
11/03/93	Rohypnol	25 (R)
16/03/93	Rohypnol	25 (R)
23/03/93	Rohypnol	25 (R)
29/03/93	Rohypnol	25 (R)
05/04/93	Rohypnol	25
12/04/93	Rohypnol	25
19/04/93	Rohypnol	25
19/04/93	Serepax	25
26/04/93	Rohypnol	25 (R)
3/05/93	Rohypnol	25
10/05/93	Rohypnol	25
17/05/93	Rohypnol	25
24/05/93	Rohypnol	25
31/05/93	Rohypnol	25
7/06/93	Rohypnol	25
15/06/93	Rohypnol	25 (R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
21/06/93	Rohypnol	25
28/06/93	Rohypnol	25
6/07/93	Rohypnol	25
12/07/93	Rohypnol	25
19/07/93	Rohypnol	25
26/07/93	Rohypnol	25
2/08/93	Rohypnol	25
9/08/93	Rohypnol	25
16/08/93	Rohypnol	25
23/08/93	Rohypnol	25
30/08/93	Rohypnol	25
6/09/93	Rohypnol	25
13/09/93	Rohypnol	25
20/09/93	Rohypnol	25
27/09/93	Rohypnol	25
4/10/93	Rohypnol	25
11/10/93	Rohypnol	25
18/10/93	Rohypnol	25
25/10/93	Rohypnol	25
1/11/93	Rohypnol	25
8/11/93	Rohypnol	25
22/11/93	Rohypnol	25
29/11/93	Rohypnol	25
6/12/93	Rohypnol	25
14/12/93	Rohypnol	25
20/12/93	Rohypnol	25
28/12/93	Rohypnol	25(R)
4/01/94	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
10/01/94	Rohypnol	25
18/01/94	Rohypnol	25
25/01/94	Rohypnol	25
7/02/94	Rohypnol	25
14/02/94	Rohypnol	25
21/02/94	Rohypnol	25
28/02/94	Rohypnol	25
7/03/94	Rohypnol	25
14/03/94	Rohypnol	25
21/03/94	Rohypnol	25
28/03/94	Rohypnol	25
28/03/94	Murelax 30mg	25
5/04/94	Rohypnol	25
11/04/94	Rohypnol	25
18/04/94	Rohypnol	25
26/04/94	Rohypnol	25
2/05/94	Rohypnol	25
9/05/94	Rohypnol	25
16/05/94	Rohypnol	25
23/05/94	Rohypnol	25
30/05/94	Rohypnol	25
30/05/94	Murelax	25
6/06/94	Rohypnol	25
13/06/94	Rohypnol	25
20/06/94	Rohypnol	25
20/06/94	Murelax 30mg	25 (R)
20/06/94	Valium 5mg	50
27/06/94	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
4/07/94	Rohypnol	25
11/07/94	Rohypnol	25
18/07/94	Rohypnol	25
25/07/94	Rohypnol	25
1/08/94	Rohypnol	25
8/08/94	Rohypnol	25
15/08/94	Rohypnol	25
22/08/94	Rohypnol	25
29/08/94	Rohypnol	25
5/09/94	Rohypnol	25
12/09/94	Rohypnol	25
19/09/94	Rohypnol	25
26/09/94	Rohypnol	25
1/10/94	Rohypnol	25
7/10/94	Rohypnol	25
18/10/94	Rohypnol	25
24/10/94	Rohypnol	25
31/10/94	Rohypnol	25
7/11/94	Rohypnol	25
15/11/94	Rohypnol	25
21/11/94	Rohypnol	25
28/11/94	Rohypnol	25
31/11/94	Rohypnol	25
5/12/94	Rohypnol	25
12/12/94	Rohypnol	25(R)
19/12/94	Rohypnol	25
23/12/94	Rohypnol	25
23/12/94	Mlurelax 30mg	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
3/01/95	Rohypnol	25
16/01/95	Rohypnol	25
23/01/95	Rohypnol	25
30/01/95	Rohypnol	25
6/02/95	Rohypnol	25
13/02/95	Rohypnol	25
20/02/95	Rohypnol	25
27/02/95	Rohypnol	25
13/03/95	Rohypnol	25
13/03/95	Murelax	25
20/03/95	Rohypnol	25
27/03/95	Rohypnol	25
27/03/95	Deptran 25mg	50
3/04/95	Rohypnol	25
10/4/95	Rohypnol	25
17/04/95	Rohypnol	25
24/04/95	Rohypnol	25
24/04/95	Deptran 25mg	50
1/05/95	Rohypnol	25
5/06/95	Rohypnol	25

**Schedule "B"****Doctor: A Ivanov****Patient: B**

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
24/11/93	Rohypnol	25
24/11/93	Serepax 30mg	25(R)
24/11/93	Valium 5mg	25(R)
01/12/93	Rohypnol	25
01/12/93	Serepax 30mg	25(R)
01/12/93	Valium 5mg	25(R)
08/12/93	Rohypnol	25
15/12/93	Rohypnol	25
12/01/94	Rohypnol	25(R)
19/01/94	Rohypnol	25
25/01/94	Murelax 30mg	25
27/01/94	Rohypnol	25
02/02/94	Rohypnol	25
02/02/94	Serepax 30mg	25
23/02/94	Rohypnol	25
23/02/94	Valium 5mg	50
02/03/94	Rohypnol	25
02/03/94	Valium 5 mg	50
09/03/94	Rohypnol	25
09/03/94	Valium 5mg	50
23/03/94	Codral Forte	20
23/03/94	Rohypnol	25
01/04/94	Rohypnol	25(R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
06/04/94	Rohypnol	25
06/04/94	Panadeine Forte	20
07/04/94	Rohypnol	25
13/04/94	Rohypnol	25
20/04/94	Rohypnol	25
20/04/94	Valium 5mg	50
20/04/94	Serepax 30mg	25
27/04/94	Rohypnol	25
19/05/9-t	Rohypnol	25(R)
20/05/94	Murelax 30mg	25
25/05/94	Rohypnol	25(R)
25/05/94	Valium 5mg	50(R)
15/06/94	Rohypnol	25(R)
15/06/94	Valium 5mg	50(R)
13/07/94	Rohypnol	25(R)
10/08/94	Rohypnol	25(R)
10/08/94	Valium 5mg	50(R)
07/09/94	Rohypnol	25
14/09/94	Rohypnol	25
21/09/94	Valium 5mg	50 (R)
2/11/94	Rohypnol	25
04/01/95	Rohypnol	25
1/02/95	Rohypnol	25(R)
22/02/95	Rohypnol	25(R)
1/03/95	Murelax	25(R)
1/03/95	Valium 5mg	50(R)
8/03/95	Valium 5mg	50(R)

<b>Date</b>	<b>Medication.</b>	<b>Quantity</b>
15/03/95	Murelax 30mg	25
29/03/95	Murelax 30mg	25
29/03/95	Rohypnol	25
29/03/95	Valium 5mg	50
19/04/95	Rohypnol	25(R)
26/04/95	Rohypnol	25
26/04/95	Murelax	25(R)
26/04/95	Valium 5mg	50(R)
3/05/95	Rohypnol	25(R)
10/05/95	Murelax	25(R)
10/05/95	Valium 5mg	50(R)
24/05/95	Valium 5mg	50(R)
24/05/95	Rohypnol	25(R)

**Schedule "C"**  
**Doctor: A Ivanov**

**Patient:**

C

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
17/02/93	Rohypnol	25
03/03/93	Rohypnol	25
17/03/93	Rohypnol	25
31/03/93	Rohypnol	25
28/04/93	Rohypnol	25
05/05/93	Rohypnol	25
26/05/93	Rohypnol	25
08/06/93	Rohypnol	25
22/06/93	Rohypnol	25
14/07/93	Rohypnol	25
14/11/93	Rohypnol	25

**Schedule "D"**

**Doctor: A Ivanov**

**Patient: D**

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
9/09/92	Rohypnol	25(R)
16/09/92	Valium 5mg	50(R)
16/09/92	Murelax	25(R)
23/09/92	Rohypnol	25
30/09/92	Rohypnol	25
08/10/92	Rohypnol	25
14/10/92	Rohypnol	25
21/10/92	Rohypnol	25
05/11/92	Rohypnol	25
11/ 1/92	Rohypnol	25
23/12/92	Rohypnol	25
13/01/93	Rohypnol	25
20/01/93	Rohypnol	25
03/03/93	Rohypnol	25
10/03/93	Rohypnol	25
14/04/93	Rohypnol	25
28/04/93	Rohypnol	25

SCHEDULE "E"

Doctor: A Ivanov

Patient: E

<b>Date</b>	<b>Medication</b>	<b>quantity</b>
11/11/92	Panadeine Forte	20(R)
11/11/92	Serepax 30mg	25(R)
18/11/92	Panadeine Forte	20 (R)
18/11/92	Murelax 30mg	25(R)
25/11/92	Rohypnol	2 (R)
25/11/92	Murelax 30mg	25(R)
02/12/92	Rohypnol	25
02/12/92	Murelax 30mg	25 (R)
02/12/92	Panadeine Forte	20 (R)
09/12/92	Murelax 30mg	25 (R)
09/12/92	Panadeine Forte	20 (R)
16/12/92	Rohypnol	25
30/12/92	Panadeine Forte	20(R)
30/12/92	Murelax 30mg	25 (R)
03/02/93	Rohypnol	25
09/02/93	Antenex 5mg	50 (R)
17/02/93	Rohypnol	25
17/02/93	Antenex 5mg	50 (R)
24/02/93	Rohypnol	25 (R)
03/03/93	Rohypnol	25
03/03/93	Antenex 5mg	50 (R)
09/03/93	Rohypnol	25
17/03/93	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
30/03/93	Rohypnol	25
07/04/93	Rohypnol	25
07/04/94	Antenex 5mg	50(R)
14/04/93	Rohypnol	25
21/04/93	Rohypnol	25
27/04/93	Rohypnol	25
04/05/93	Rohypnol	25

**Schedule "F"****Doctor: A Ivanov****Patient: F**

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
15/07/92	Rohypnol	25(R)
30/07/92	Rohypnol	25(R)
5/08/92	Rohypnol	25(R)
12/08/92	Rohypnol	25(R)
12/08/92	Rivotril	200(R)
19/08/92	Rohypnol	25
28/08/92	Rohypnol	25
02/09/92	Rohypnol	25
09/09/92	Rohypnol	25
16/09/92	Rohypnol	25
23/09/92	Rohypnol	25
29/09/92	Rohypnol	25
9/10/92	Rohypnol	2(R)
13/10/92	Rohypnol	2(R)
20/10/92	Rohypnol	25
27/10/92	Rohypnol	25
3/11/92	Rohypnol	25(R)
10/ 11/92	Rohypnol	25
17/11/92	Rohypnol	25(R)
24/11/92	Rohypnol	25(R)
27/ 11/92	Rohypnol	25(R)
4/12/92	Rohypnol	25(R)
10/12/92	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
18/01/93	Rohypnol	25
21/01/93	Rohypnol	25(R)
27/01/93	Rohypnol	25
28/01/93	Rohypnol	25
11/02/93	Rohypnol	25
18/02/93	Rohypnol	25
27/02/93	Rohypnol	25
27/02/93	Murelax 30mg	25(R)
04/03/93	Rohypnol	25
10/03/93	Rohypnol	25
13/03/93	Rohypnol	25
16/03/93	Rohypnol	25
23/03/93	Rohypnol	25
30/03/93	Rohypnol	25
05/04/93	Rohypnol	25
13/04/93	Serepax 30mg	25(R)
19/04/93	Rohypnol	25
26/04/93	Rohypnol	25
4/05/93	Rohypnol	25(R)
14/05/93	Rohypnol	25(R)
18/05/93	Rohypnol	25
28/05/93	Rohypnol	25
01/06/93	Rohypnol	25
08/06/93	Rohypnol	25
15/06/93	Rohypnol	25
22/06/93	Rohypnol	25
29/06/93	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
05/07/93	Rohypnol	25
13/07/93	Rohypnol	25
21/07/93	Rohypnol	25
27/07/93	Rohypnol	25
05/08/93	Rohypnol	25
5/08/93	Rohypnol	25(R)
10/08/93	Rohypnol	25
12/08/93	Rohypnol	25
17/08/93	Rohypnol	25(R)
25/08/93	Rohypnol	25
03/09/93	Rohypnol	25
08/09/93	Rohypnol	25(R)
16/09/93	Rohypnol	25
23/09/93	Rohypnol	25(R)
30/09/93	Rohypnol	25
7/10/93	Rohypnol	25(R)
15/10/93	Rohypnol	25
21/10/93	Rohypnol	25
21/10/93	Murelax 30mg	25(R)
28/10/93	Rohypnol	25
9/11/93	Rohypnol	25(R)
16/11/93	Rohypnol	25(R)
23/11/93	Rohypnol	25
23/11/93	Serepax 30mg	25(R)
02/12/93	Rohypnol	25
09/12/93	Rohypnol	25
16/12/93	Rohypnol	25(R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
30/12/93	Rohypnol	25
01/01/94	Rohypnol	25
03/01/94	Rohypnol	25
05/01/94	Rohypnol	25
05/01/94	Serepax 30mg	25
11/01/94	Rohypnol	25
17/01/94	Rohypnol	25
20/01/94	Rohypnol	25
25/01/94	Rohypnol	25
25/01/94	Serepax 30mg	25
28/01/94	Rohypnol	25
30/01/94	Rohypnol	25(R)
01/02/94	Rohypnol	25
07/02/94	Rohypnol	25
18/02/94	Rohypnol	25
22/02/94	Rohypnol	25
24/02/94	Rohypnol	25(R)
1/03/94	Rohypnol	25(R)
8/03/94	Rohypnol	25(R)
15/03/94	Rohypnol	25(R)
22/03/94	Rohypnol	25(R)
6/04/94	Rohypnol	25(R)
12/04/94	Rohypnol	25(R)
15/04/94	Rohypnol	25(R)
26/04/94	Rohypnol	25(R)
2/05/94	Rohypnol	25(R)
16/05/94	Rohypnol	25(R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
25/05/94	Rohypnol	25(R)
25/05/94	Valium	50(R)
31/05/94	Rohypnol	25(R)
7/06/94	Rohypnol	25(R)
15/09/94	Rohypnol	25(R)
8/10/94	Rohypnol	25(R)
10/11/94	Rohypnol	25(R)
10/11/94	Rivotril	200(R)
21/12/94	Rivotril	200(R)
21/12/94	Rohypnol	25(R)
19/01/95	Rohypnol	25(R)
19/01/95	Rivotril	200

**Schedule "G"****Doctor: A Ivanov****Patient: G**

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
23/06/93	Rohypnol	25
07/07/93	Rohypnol	25
14/07/93	Rohypnol	25(R)
25/08/93	Rohypnol	25
01/09/93	Rohypnol	25
15/09/93	Rohypnol	25
22/09/93	Rohypnol	25
06/10/93	Rohypnol	25
13/10/93	Rohypnol	25
20/10/93	Rohypnol	25(R)
03/11/93	Rohypnol	25
10/11/93	Rohypnol	25
24/11/93	Rohypnol	25
01/12/93	Rohypnol	25
08/12/93	Rohypnol	25
15/12/93	Rohypnol	25
22/12/93	Rohypnol	25
29/ 12/93	Rohypnol	25
05/01/94	Rohypnol	25
12/01/94	Rohypnol	25
19/01/94	Rohypnol	25
26/01/94	Rohypnol	25
26/01/94	Rohypnol	25
02/02/94	Rohypnol	25(R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
02/02/94	Murelax 30mg	25
09/02/94	Murelax 30mg	25
09/02/94	Rohypnol	25
16/02/94	Rohypnol	25
23/02/94	Rohypnol	25
24/02/94	Rohypnol	25
02/03/94	Rohypnol	25
16/03/94	Rohypnol	25
18/03/94	Rohypnol	25
23/03/94	Rohypnol	25
30/03/94	Rohypnol	25
06/04/94	Rohypnol	25
13/04/94	Rohypnol	25
20/04/94	Alodorn 5mg	25
20/04/94	Rohypnol	25
27/04/94	Rohypnol	25 (R)
02/05/94	Rohypnol	25
18/05/94	Rohypnol	25
25/05/94	Rohypnol	25 (R)
27/05/94	Rohypnol	25
01/06/94	Rohypnol	25
08/06/94	Rohypnol	25
22/06/94	Rohypnol	25
27/07/94	Rohypnol	25
3/08/94	Rohypnol	25 (R)
17/08/94	Rohypnol	25 (R)
31/08/94	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
07/09/94	Rohypnol	25
07/09/94	Rivotril 2mg	200
14/09/94	Rohypnol	25 (R)

**Schedule "H"**

**Doctor: A Ivanov**

**Patient: H**

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
23/06/93	Rohypnol	25
07/07/93	Rohypnol	25
12/07/93	Rohypnol	25
14/07/93	Rohypnol	25

## Schedule "I"

Doctor: A Ivanov

Patient: I

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
08/07/92	Rohypnol	25(R)
08/07/92	Murelax 30mg	25(R)
08/07/92	Codral Forte	20(R)
15/07/92	Rohypnol	25(R)
22/07/92	Murelax 30mg	25(R)
22/07/92	Codral Forte	20(R)
30/07/92	Rohypnol	25(R)
05/08/92	Physeptone 10mg	20(R)
19/08/92	Rohypnol	25(R)
19/08/92	Antenex 5mg	50(R)
19/08/92	Codral Forte	20(R)
31/08/92	Rohypnol	20
09/09/92	Valium 5mg	50(R)
09/09/92	Codral Forte	20(R)
23/09/92	Murelax 30mg	25(R)
23/09/92	Codral Forte	20(R)
29/09/92	Murelax 30mg	25(R)
14/10/92	Murelax 30mg	25(R)
14/10/92	Codral Forte	20(R)
21/10/92	Murelax 30mg	25(R)
21/10/92	Codral Forte	20(R)
27/10/92	Murelax 30mg	25(R)
27/10/92	Codral Forte	20(R)
10/11/92	Murelax 30mg	25(R)
10/11/92	Codral Forte	20(R)
16/11/92	Murelax 30mg	25(R)

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
16/11/92	Codral Forte	20(R)
18/11/92	Rohypnol	25
25/11/92	Serepax 30mg	25(R)
25/11/92	Codral Forte	20(R)
02/12/92	Murelax 30mg	25(R)
02/12/92	Tegretol 100mg	200(R)
09/12/92	Physeptone 10mg	20
23/12/92	Murelax 30mg	25(R)
23/12/92	Codral Forte	20(R)
12/01/93	Rohypnol	25
19/01/93	Rohypnol	25(R)
20/01/93	Rohypnol	25
27/01/93	Serepax 30mg	25(R)
27/01/93	Valium 5mg	50(R)
10/02/93	Rohypnol	25
10/02/93	Tegretol 100mg	200(R)
17/02/93	Rohypnol	25
17/02/93	Serepax 30mg	25(R)
17/02/93	Tegretol 100mg	200(R)
24/02/93	Serepax 30mg	25(R)
03/03/93	Rohypnol	25
09/03/93	Rohypnol	25
10/03/93	Physeptone 10mg	20
16/03/93	Rohypnol	25
16/03/93	Serepax 30mg	25(R)
31/03/93	Rohypnol	25
07/04/93	Rohypnol	25
13/04/93	Rohypnol	25
20/04/93	Rohypnol	25(R)
27/04/03	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
05/05/93	Rohypnol	25
12/05/93	Serepax 30mg	25(R)
19/05/93	Antenex 5mg	50(R)
19/05/93	Codral Forte	20(R)
26/05/93	Murelax 30mg	25(R)
02/06/93	Rohypnol	25
09/06/93	Rohypnol	25
16/06/93	Rohypnol	25
23/06/93	Rohypnol	25
07/07/93	Rohypnol	25
14/07/93	Rohypnol	25
21/07/93	Rohypnol	25
25/07/93	Murelax 30mg	25(R)
04/08/93	Murelax 30mg	25(R)
04/08/93	Codral Forte	20 (R)
11/08/93	Murelax 30mg	25 (R)
18/08/93	Murelax 30mg	25 (R)
25/08/93	Rohypnol	25
08/09/93	Rohypnol	25
15/09/93	Rohypnol	25
22/09/93	Rohypnol	25
29/09/93	Murelax 30mg	25(R)
06/10/93	Rohypnol	25
06/10/93	Murelax	25
14/10/93	Murelax	25
21/10/93	Murelax	25
21/ 10/93	Codral Forte	20
21/10/93	Rohypnol	25
03/11/93	Rohypnol	25
10/11/93	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
17/11/93	Murelax	25
24/11/93	Murelax	25
24/11/93	Codral Forte	20
24/11/93	Rohypnol	25
08/12/93	Rohypnol	25
08/12/93	Antenex 5mg	50
15/12/93	Antexen 5mg	50 (R)
22/12/93	Antexen 5mg	50 (R)
22/12/93	Physeptone 10mg	20 (R)
29/12/93	Rohypnol	20 (R)
02/01/94	Rohypnol	25
05/01/94	Serepax 30mg	25(R)
05/01/94	Codral Forte	20(R)
12/01/94	Antexen 5mg	50(R)
02/02/94	Murelax 30mg	25(R)
09/02/94	Rohypnol	25
16/02/94	Murelax 30mg	25 (R)
23/02/94	Murelax 30mg	25
23/02/94	Rohypnol	25
02/03/94	Murelax 30mg	25(R)
09/03/94	Murelax 30mg	25
09/03/94	Rohypnol	25
18/03/94	Codral Forte	20
18/03/94	Antenex 5mg	50
23/03/94	Murelax 30mg	25(R)
06/04/94	Rohypnol	25
06/04/94	Murelax 30mg	25(R)
06/04/94	Codral Forte	20(R)
20/04/94	Murelax 30mg	25
20/04/94	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
28/04/94	Codral Forte	20
28/04/94	Antenex 5mg	50
04/05/94	Murelax 30mg	25
04/05/94	Rohypnol	25
11/05/94	Murelax 30mg	25
18/05/94	Rohypnol	25(R)
18/05/94	Codral Forte	20
18/05/94	Murelax 30mg	25
24/05/94	Murelax 30mg	25(R)
24/05/94	Codral Forte	20(R)
01/06/94	Codral Forte	20
01/06/94	Murelax 30mg	25
02/06/94	Rohypnol	25
15/06/94	Murelax 30mg	25
15/06/94	Rohypnol	25
22/06/94	Codral Forte	20
22/06/94	Murelax 30mg	25
29/06/94	Codral Forte	20
29/06/94	Murelax 30mg	25
06/07/94	Rohypnol	25(R)
06/07/94	Murelax 30mg	25
09/07/94	Rohypnol	25
13/07/94	Codral Forte	20
13/07/94	Murelax 30mg	25
13/07/94	Rohypnol	25
20/07/94	Codral Forte	20
20/07/94	Murelax 30mg	25
23/07/94	Murelax 30mg	25
27/07/94	Codral Forte	20
27/07/94	Murelax 30mg	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
27/07/94	Rohypnol	25
03/08/94	Codral Forte	20
03/08/94	Murelax 30mg	25
10/08/94	Murelax 30mg	25
10/08/94	Rohypnol	25
17/08/94	Murelax 30mg	25
17/08/94	Panadeine Forte	20
21 /08/94	Rohypnol	25(R)
24/08/94	Codral Forte	20
24/08/94	Murelax 30mg	25
24/08/94	Rohypnol	25
31/08/94	Codral Forte	20
31/08/94	Murelax 30mg	25
31/08/94	Valium 5mg	50
07/09/94	Codral Forte	20
07/09/94	Murelax 30mg	25
09/09/94	Rohypnol	25
14/09/94	Murelax 30mg	25
14/09/94	Valium 5mg	50
21/09/94	Murelax 30mg	25 (R)
28/09/94	Murelax 30mg	25 (R)
05/10/94	Murelax 30mg	25
05/10/94	Rohypnol	25
12/10/94	Murelax 30mg	25
19/10/94	Codral Forte	20
19/10/94	Murelax 30mg	25
26/10/94	Rohypnol	25(R)
26/10/94	Codral Fore	20
26/10/94	Murelax 30mg	25
02/11/94	Codral Forte	20

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
02/11/94	Murelax 30mg	25
16/11/94	Murelax 30mg	25
16/11/94	Rohypnol	25
23/11/94	Codral Forte	20
23/11/94	Murelax 30mg	25
30/11/94	Codral Forte	20
30/11/94	Murelax 30mg	25
07/12/94	Codral Forte	20
07/12/94	Murelax 30mg	25
13/12/94	Codral Forte	20
13/12/94	Dilantin 100mg	200
13/12/94	Murelax 30mg	25
13/12/94	Rohypnol	25
21/12/94	Codral Forte	20
21/12/94	Murelax 30mg	25
25/12/94	Codral Forte	20
25/12/94	Temaze 10mg	25
28/12/94	Murelax 30mg	25
23/01/95	Codral Forte	20
24/01/95	Murelax 30mg	25
25/01/95	Codral Fore	20
25/01/95	Murelax 30mg	25
01/02/95	Murelax 30mg	50(R)
01/02/95	Codral Forte	20(R)
08/02/95	Codral Forte	20
08/02/95	Murelax 30mg	25
08/02/95	Rohypnol	25
13/02/95	Cordal Forte	20
15/02/95	Codral Forte	20
15/02/95	Murelax 30mg	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
22/02/95	Codral Forte	20
22/02/95	Murelax 30mg	25
22/02/95	Rohypnol	25
01/03/95	Codral Forte	20
01/03/95	Murelax 30mg	25
08/03/95	Codral Forte	20
08/03/95	Murelax 30mg	25
15/03/95	Codral Forte	20
15/03/95	Murelax 30mg	25
15/03/95	Rohypnol	25
16/03/95	Murelax 30mg	25(R)
22/03/95	Codral Forte	20
22/03/95	Murelax 30mg	25
29/03/95	Codral Forte	20
29/03/95	Murelax 30mg	25
05/04/95	Codral Forte	20
05/04/95	Murelax 30mg	25
12/04/95	Rohypnol	25(R)
12/04/95	Codral Forte	20
12/04/95	Murelax 30mg	25
19/04/95	Codral Forte	20
19/04/95	Murelax 30mg	25
26/04/95	Paradex	100
26/04/94	Murelax 30mg	25
01/05/95	Murelax 30mg	25
10/05/95	Murelax 30mg	25(R)
17/05/95	Paradex	100(R)
17/05/95	Murelax 30mg	25(R)
24/05/95	Rohypnol	25(R)
24/05/94	Murelax 30mg	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
24/05/94	Paradex	100(R)
30/05/95	Paradex	100
31/05/95	Murelax 30mg	25
31/05/95	Panadeine Forte	20
07/06/95	Paradex	100
07/06/95	Murelax 30mg	25
14/06/95	Di-Gesic	25
14/06/95	Serepax 30mg	25

Schedule `J"

Patient: J

Doctor: A Ivanov

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
08/09/93	Valium 5mg	50(R)
22/09/93	Valium 5mg	50(R)
29/09/93	Valium 5mg	50(R)
06/10/93	Murelax 30mg	25(R)
13/10/93	Rohypnol	25
20/10/93	Rohypnol	21
27/10/93	Rohypnol	21
03/11/93	Rohypnol	21
10/11/93	Rohypnol	17
17/11/93	Rohypnol	14(R)
24/11/93	Rohypnol	14
02/12/93	Rohypnol	25(R)
08/12/93	Rohypnol	11
15/12/93	Rohypnol	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
30/03/93	Proladone Suppositories	24
29/04/93	Rohypnol	25
11/05/93	Valium 5mg	50
01/06/93	Rohypnol	25
17/06/93	Rohypnol	25
26/07/93	Valium 5mg	50
05/08/93	Valium 5mg	50
05/08/93	Murelax 30mg	25
17/08/93	Deptran	50
13/09/93	Deptran	50
13/09/93	Serepax 30mg	25
05/10/93	Valium 5mg	50
01/12/93	Rivotril	200
01/12/93	Valium 5mg	50
22/12/93	Murelax 30mg	25
22/12/93	Valium 5mg	50
05/01/94	Rivotril	200
05/01/94	Murelax 30mg	25
27/01/94	Serepax 30mg	25
27/01/94	Panadeine Forte	20
23/03/94	Rivotril	200
23/03/94	Serepax 30mg	25
19/04/94	Rivotril	200
19/04/94	Deptran	50
25/05/94	Murelax 30mg	25
22/06/94	Rivotril	200
22/06/94	Murelax 30mg	25

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
12/07/94	Rivotril	200
20/07/94	Prothiaden 25mg	50
20/07/94	Murelax 30mg	25
30/07/94	Murelax 30mg	25
12/08/94	Artane	100
12/08/94	Prothiaden 75mg	30
12/08/94	Prothiaden 25mg	50
05/09/94	Rivotril	200
05/09/94	Deptran	30
19/09/94	Serepax	25
28/09/94	Rivotril	200
28/09/94	Deptran	50
28/09/94	Murelax 30mg	25
20/10/94	Rivotril	200
20/10/94	Murelax 30mg	25

## Schedule "K"

Doctor: A Ivanov

Patient: K

<b>Date</b>	<b>Medication</b>	<b>Quantity</b>
02/09/92	Serepax 30mg	25
09/09/92	Proladone suppositories	12
16/09/92	Serepax 30mg	25
16/09/92	Valium 5mg	50
06/10/92	Rohypnol	25
14/10/92	Rohypnol	25
21/10/92	Rohypnol	25
05/11/92	Rohypnol	25
18/11/92	Rohypnol	25
25/11/92	Valium 5mg	50
02/12/92	Valium 5mg	50
02/12/92	Serepax 30mg	25
09/12/92	Rohypnol	25
30/12/92	Valium 5mg	50
30/12/92	Serepax 30mg	25
06/01/93	Rohypnol	25
13/01/93	Rivotril	200
13/01/93	Valium 5mg	50
20/01/93	Rohypnol	25
03/02/93	Valium 5mg	50
23/02/93	Rohypnol	25
11/03/93	Rohypnol	25